LONDON HOSPITAL.

Practical Clinical Remarks,

Delivered at the London Hospital,

BY JOHN ADAMS, ESQ., F.R.C.S.,

SURGEON TO THE HOSPITAL.

ON SURGICAL OPENINGS INTO THE KNEE-JOINT.

GENTLEMEN,—I avail myself of the fact, that I have lately had under my care in the hospital four cases in which I have thought it necessary to open the knee-joint, to bring the subject of suppuration of this joint before you; and the first question which suggests itself to us is this,—Is it desirable, or necessary, to open by incision so large and complicated a joint as that of the knee? And this question suggests itself because you have been taught, and the teaching is correct, that an opening into a joint is a very serious affair, and ought not to be undertaken without very careful consideration of all the circumstances attending the case.

Some years ago a man was brought into this hospital who had been bitten in the knee by a tiger. There was no doubt that the joint was penetrated by the tooth of the animal, as the usual sign of penetration was present—namely, the escape of synovia. The case was treated in the ordinary antiphlogistic manner, but suppuration occurred, with great constitutional excitement and irritative fever, and the limb was amputated. The man speedily succumbed. Matter was found distending the joint. Now I have no hesitation in stating that the practice in this case was bad, and that instead of the amputation, a free incision ought to have been made into the knee-joint to give exit to the matter. It is, however, probable that under any circumstances, the patient would have sunk, as the articular cartilages were wholly destroyed, and amputation would still, probably, have been resorted to.

I was requested by the surgeon who had attended the last case, to meet him in consultation on the case of an old gentleman, who had a considerable collection of fluid in the knee-joint. There appeared but little doubt that suppuration had taken place, and it became a question, whether it ought not to be opened. A free incision was made into it, and a large quantity of matter was let out. The joint was strapped and bandaged, and the matter did not re-accumulate, but in a fortnight the joint became completely anchylosed. The old gentleman sank, however, from internal disease, and no examination was permitted.

These two cases are not parallel, but the last illustrates the position, that an opening into the knee-joint, for the evacuation of matter, is necessary, and may be made not only with impunity, but with great advantage.

Let me now direct your attention to the cases you have witnessed yourselves, and point out to you the circumstances leading to the necessity of free incisions into the knee-joint. The four cases are all different in many very important respects. The first is that of a man of about forty-five years of age, who was admitted into the hospital in consequence of a compound fracture of the patella, which necessarily caused an opening into the knee-joint. The treatment pursued in the onset of this case was, in my opinion, quite judicious, as a laudable attempt to save the limb was made; and, the parts being accurately adjusted, the limb was kept in an extended position, and the usual antiphlogistic means being had recourse to, the wound over the patella soon healed. But the case did not progress satisfactorily; for, inflammation occurring, abscesses formed in various directions, some superficial and others very deep, so that I was compelled to cut through the muscles of the calf to remove some dead fascia which kept up the discharge. After this, pus formed in the interior of the knee-joint, and I was compelled to make incisions on either side of the patella at different times, to give exit to the matter. After struggling on for a length of time, anchylosis of the knee took place, at an angle certainly not quite convenient for freedom of progression; but I hope the limb will eventually become useful, as all discharge has ceased for a considerable time.

The next is the case of a man, aged about sixty, who was admitted in consequence of some obscure inflammation of the leg after an injury. The case was progressing favourably, when a deep-seated swelling formed in the ham, and, after a few days, deep fluctuation was detected, which led me to make a very cautious opening, through which a large quantity of pus was evacuated. The opening was enlarged, and it was found that the matter came from between the heads of the gastrocnemius externus, and close to the large bloodvessels in the popliteal space at the back of the posterior ligament of Winslow. Nothing untoward happened for some days, when the abscess ceased to discharge, and the knee-joint began to swell. The swelling increased day by day, and evidently indicated suppuration in the knee-joint. Now this was very remarkable, because it appeared as if the matter had made its way from the popliteal space into the interior of the joint through the posterior ligament; at least, it appeared so to me. However, severe constitutional irritation occurred, and it became requisite, from the tension of the joint, to do something for the patient's relief. I had some idea of amputating the limb, but it was determined, at a consultation with one of my colleagues, to make an attempt to save the limb, and, to effect this, to make a free incision into the joint. I therefore opened the joint, first on the inside, and, at an interval of ten days or a fortnight, on the outside, and gave exit to a large quantity of sero-purulent fluid on both occasions. The man has struggled through, with a constitution evidently damaged by hard living and severe labour, and is progressing favourably now; but the opening still remains patent on the outside of the knee, and the fungous nature of the granulations points at some deep-seated disease, probably of the bone itself. I cannot speak very favourably of the case, but I think enough has occurred to show me that, if his constitution were sound, he would make a fair recovery, with an anchylosed joint. I have now directed him to be sent into the country for the benefit of his health. The case is remarkable, from the peculiar course which the abscess appeared to take, having made its way from the popliteal space into the joint itself. I feel satisfied in my own mind that amputation of the thigh would have been attended with a fatal result, from the defect in the man's constitution; and, therefore, although the cure is as yet imperfect, I am under the impression that no other treatment could feasibly have been adopted than the one I pursued; at any rate, it proves that you can open the knee-joint without destroying life or limb.

The third case is one of a lad about twelve or thirteen years old, who was admitted in a very advanced stage of low fever. He had also considerable swelling of the left leg, consequent on inflammation of the subcutaneous cellular tissue. A large abscess formed over the head of the tibia, which I opened. After this, matter formed very deeply along the outside of the knee-joint, and this I opened. Soon afterwards the joint itself became much swollen and painful, and was tense with fluid. I suspected matter in the joint, and made a free incision into it. I found a large collection of pus, and the articular cartilages extensively eroded. I could not advise amputation, as he was still labouring under symptoms of low typhus fever; and he sank, after a few days, with signs of general pyæmia.

In this case it was apparent from the beginning that no operation was advisable except that of opening the joint to give exit to the matter. It is of no use amputating in such cases, as the constitutional disease (probably the cause, rather than the result, of the local mischief) could not be benefited by so violent a procedure. And I cannot help thinking that operations performed under such conditions, fatal as they always are, bring discredit upon surgery, inasmuch as they are always and unexceptionally attended with the loss of life.

Now, the last case of this series to which I shall direct attention is one now under treatment, and is that of a man whose limb I amputated in consequence of extensive injury to the ankle-joint. The case is interesting as showing how much the constitution can bear under very unfavourable circumstances, and under a most complicated series of affections. The man's condition has been no doubt materially injured by a habit he acquired in China of eating opium to a large extent.

He was admitted three or four months ago in consequence of extensive injury to the left ankle from the falling of a heavy weight on his leg and foot, by which he sustained a fracture of the tibia above the malleolus; and the fracture being exposed, it may be termed a compound fracture. Sloughing of the skin over the inside of the leg and ankle laid bare a large portion of the tibia, which protruded to a great extent, being detached

from the lower fragment, which remained in connexion with the astragalus; this, however, becoming subsequently detached, was removed by the dresser. About four inches of the protruding tibia was dead; the consequence was that extensive suppuration was going on, and there was no possibility of repairing the mischief without amputating the leg or removing the dead bone. On consultation, it was determined to saw off the dead bone. There was no difficulty in doing this; and there appeared to be a fair prospect of success, as granulations of a very healthy character shot up from every part of the exposed surface. However, after three or four weeks, the man got materially worse, and the granulations assumed an unhealthy aspect, and, as his constitution seemed evidently suffering from the long-continued drain, I thought it right to amputate below the knee. The operation was performed very high, just below the knee, on the principle advised by Mr. Teale in amputation of the thigh. The skin of the upper surface of the stump sloughed to a slight extent. During the progress of the case, hæmorrhage to an alarming degree occurred from the popliteal artery, and this was secured by Mr. Ward, who laid open the stump to reach it. His progress was satisfactory until inflammation attacked the knee-joint, and a large quantity of fluid was poured out, and which presented itself towards the inner side, as is usually the case. I opened this freely, and let out a large quantity of sero-purulent fluid, by which the patient was relieved. The only additional circumstance I need mention in this case, is the fact that, the opening on the inside of the knee becoming closed, a large abscess has formed in the bursa beneath the tendon of the rectus, which frequently communicates with the joint itself. There is every prospect of cure.

Thus, you perceive, that at the same time I have had four cases under my care, in which I have thought it advisable to open the knee-joint. And I may ask the simple question, why should you fear to open this joint? You may be quite certain of this, that where suppuration has taken place, it is absolutely necessary that you should adopt this procedure, as there is no chance whatever that the pus can be absorbed under the circumstances mentioned in the preceding cases. I think the custom of freely opening the joint is due to the writings and practice of Sir Benjamin Brodie, and I am sure that you cannot commit a more fatal error than to leave patients unrelieved of abscess in the interior of the joint, under the impression that you are likely to add to the mischief already existing by opening so large a joint as that of the knee. Let me give you this piece of advice: if you determine to cut into the joint, let your incision be free, and do not trouble yourself by squeezing the matter out with your hands, but lay a flannel, soaked in warm water, over the part, and allow the cyst itself, by its inherent faculty of contraction, to force out its contents. In most cases, it is desirable to leave the opening patent, and not to trouble yourselves to bring the edges of the wound together by strapping and bandaging, although this practice may sometimes succeed. You have seen cases in the hospital where the constitution has been infected with that very fatal blood-poison to which the term pyæmia is given; and, in many of these cases, abscesses form in the various joints of the body. In such cases, I would especially advise you to make free incisions into these abscesses, and the result of my experience is that by such treatment many lives are saved.

NOTES ON THE

MANAGEMENT OF ABSCESS OF THE LIVER.

BY JOHN JACKSON, M.D.

WHEN an abscess in the liver is once formed, and there are distinct evidences of suppuration, the time for bleeding, mercurials, and other antiphlogistic remedies has passed. Nothing is more hazardous to the patient now than an interference with the plan which nature is setting up for the ultimate destination of the abscess. Danger would be incurred by any direct attempt to obstruct or direct what seems to be the settled design of nature, which sometimes resents the idle interference of art when it comes too late.

In Europeans resident in Bengal, it is not often that abscess makes its way towards the anterior walls of the abdomen, or that adhesions take place which lead to pointing and the bursting of the abscess, like that in common phlegmon on the surface of the body. The abscess is generally of a considerable size; it occupies the central part of the organ; is deep-seated; and shows but little tendency towards the situation of the abdominal parietes, which no doubt is the best course for it to take, if it is to be treated by artificial means.

But in the natives of India there is a much greater proportion of superficial abscesses that point towards the abdominal muscles; and as in them the febrile action is much less severe, the abscesses are more limited in extent, and can therefore be more beneficially treated by artificial means than is the case with the Europeans. In nine cases of the disease in natives, under my care in the year 1853, in which there was operation by puncture through the abdominal muscles, eight were successful. In Europeans, a successful issue of abscess of the liver consequent on operation is extremely rare, and my experience with respect to them disposes me to object, most generally, to the operation in their case.

There are many ways which nature adopts for the discharge of an hepatic abscess; and the provisions which are so admirably made for the security of the patient form one of the most striking instances of protective power in the human economy. It is not often that an abscess breaks down suddenly and empties itself into the cavity of the abdomen, or into the thorax, without the various preparatory stages of adhesion, effusion of coagulable lymph, or other circumstances or conditions most favourable to the safety of the discharge; and when eventually the abscess does give way, it most generally occurs after there has been an abundant secretion of pus formed, which, by continued pressure and progressive absorption of the outer walls of the abscess, reduces them so much, that there is not strength in them to withstand the increasing amount of pus secreted and the distension caused, and the abscess bursts.

When an abscess forms in the convex portion of the liver, and adhesion is taking place between that organ and the diaphragm, as well as between the upper serous surface of the diaphragm and the pleura of the lung, any further administration of mercurials, or antiphlogistic treatment, while no check can be put to the disease, would at once interfere with the protective power which nature is setting up. The administration of mercurials prevents the formation of fibrin and removes it from the blood, as well as absorbs what has already been secreted; and, whilst ineffectual in preventing the further formation of pus and limiting the abscess, it lowers the system, and subsequently prevents a more favourable termination of the disease. So that no plan is more prejudicial to the welfare of the patient than a continuance of a mercurial course after an abscess is once formed.

At the commencement of the treatment the practitioner is anxious to witness the specific influence of the mercurial, and, after full venesection in the stout, healthy European, he pushes it on, in full hopes of obtaining the desired salivation. But it is necessary for him to bear in mind, as the disease goes on, that if a full and fair trial of the mineral has been given, and no specific effect produced, the further continuance of it is noxious, and interferes with the very means which nature may be setting up for a cure. Salivation (as the specific effect of the mercurial) so very rarely happens after an abscess has formed (and never, that I have seen, in the acute stage), and the evidence of its action is so generally a proof that no suppuration has taken place, that it is scarcely a matter of surprise that the use of the mineral should be carried so as to produce its effects if possible, and thus settle all doubts in the mind of the medical attendant as to the actual condition of the patient.

It might be supposed that when an organ of such size and importance as the liver has become so affected as to cause abscess, there would at once occur some one sign as pathognomonic of the event. The catalogue of symptoms, when all are present, must leave no room for doubt. But it frequently happens that some one or other of the disturbing causes will interfere with the diagnosis, and thus render evidence doubtful and imperfect. I have known of instances where the symptoms were so obscure, that the existence of liver abscess was not suspected till autopsy proved it; and I have frequently heard the remark of an able and experienced surgeon, that he believed that no one who had been many years in India, and had been subjected to any disease of the liver or to dysentery, could feel perfectly sure that he had not an abscess in his liver. Where there is furred tongue; turbid or rusty deposit in the urine, with very scanty secretion; an absence of bile in the alvine evacuations; fever, followed by rigor; sensation of heat in the right side and epigastrium, like a ball of fire; great sense of distension; disturbed sleep, with startling dreams (a very suspicious symp-

tom); a pulse above 100; skin hot, or at times bathed in perspiration; actual enlargement, with fulness of the organ manifest,—there is no difficulty whatever in making out the case. But the tongue, instead of being furred and dry, may be clean and relaxed; the urine may be clear; there may be no perspiration; little or no febrile action; the pulse may be under 80 (indeed 84 is the common pulse for hepatic abscess when forming), and it not unfrequently happens that the congested state of the liver will induce a slower pulse than natural, such as may be called a pulse of smothered strength. The patient may be free from all pain or sense of fulness in the epigastrium, and refer all the discomfort which he experiences to indigestion. Again, in those cases where there has been previous dysentery, and the abscess has been passive, salivation even has occurred after the use of mercury. This latter circumstance, however, is so exceptional that it only proves the rule, and anyone who has treated any number of cases of hepatic abscess will be aware of the extreme difficulty, I had almost said impossibility, of causing mercurial ptyalism in one affected with hepatic abscess. Ptyalism is, in truth, the *experimentum crucis*.

When matter has formed, and the abscess takes place in the convex surface of the liver, immediately below the diaphragm, there is an effusion of coagulable lymph, and adhesion to this muscle; the inflammatory process is limited to a small spot, and does not put on that diffusive action so generally observed in inflammation of the serous membranes; it is limited to a small portion of the membrane only, corresponding with the projecting part of the abscess; a progressive absorption of the diaphragm takes place; the serous membrane of the pleura becomes involved, and, pouring forth coagulable lymph, it attaches itself to the inferior surface of the right lung; firm adhesion ensues, and the abscess then goes on increasing by progressive absorption, and a way is made for it through the diaphragm; consolidation of the lung takes place, according to the size of the abscesses; and, in the end, there is the bursting of the abscess into one of the bronchi. If, in addition to all this, the amount of matter poured forth at once be large, there is great fear that the patient may be suffocated, and die upon the spot. The first moment of such an occurrence is an all-important crisis, and it is of vital importance that medical assistance should be at hand, that the position may be indicated which is most favourable for the escape of the matter. If this contingency does not prove at once fatal, and there are no other large abscesses yet unopened, we may fully anticipate that a complete recovery will follow.

Long experience has convinced me that there is no course which hepatic abscess, when once formed, can take, that holds out such good prospects of recovery by natural means, as when the channel for the discharge is through the right lung; and although abscesses may be opened externally by the aid of the knife, either through the abdominal parietes or through the ribs, or may open themselves by ulceration into the stomach or bowel, there is not the least doubt that the passage through the lungs is the most favourable course for the abscess to take.*

It is very necessary that every medical man should be aware of this fact, so that he may not be tempted to interfere with the natural process, by depletion or blisters, or other means, to remove the irritating cough which sometimes shows itself when the abscess is making its way through the diaphragm, and calling into action the pleuritic surface of the lung previous to adhesion. Mild measures and soothing remedies are the only plan of treatment which should be adopted, and nature is to be aided by the best means in our power to effect the objects which she has in view. The patients that have come under my eye who have recovered from abscess of the liver making its way through the right lung, are very numerous. Several of them are now in England; others are still in India, where they are carrying on their duties without any appearance of ill health. In the recovery, however, of such patients, and during the early period of the discharge of the abscess, whilst the chasm in the liver is unclosed, and no granulations formed, and the passage of the lung free, much discomfort may arise from air passing down into the hepatic cavity, and great distress be induced, until, by change of position, bandages and other supports, relief be afforded, and the air gradually expelled. When the abscess is very large, and the opening through the lung extensive, this will occur; but the cases are not common, and the plan adopted by nature is the best calculated to prevent the admission of air into the opened cavity, or giving rise to long-continued and purulent, offensive discharge.

In artificial openings, whether between the ribs or through the parietes of the abdomen, the mode of opening the abscess is of much importance. If the opening is made large, and a tent inserted, under the notion that there will be a better escape for the matter, air will be admitted, which will render the discharge offensive; there will be a discharge of bile, for the biliary ducts are soon broken down, and the patient will be unable to recover his strength under any plan of treatment, but will sink under the continued exhausting discharge. But when the opening is small, and the matter allowed to exude without any amount of pressure, the opening closed by adhesive plaster, strong tincture of iodine painted over the tumour, the body carefully bandaged with compresses, and the patient supported with good diet, porter, and wine, the kidneys being gently acted upon with hydriodate of potass with cinchona, there will be great reason to look for a happy result.

When an artificial opening is to be made, I prefer for this purpose the knife to the potassa fusa* or the trocar. The seton, however, introduced between the ribs, I have known to be successful.

A question not unfrequently will arise as to the propriety of opening an hepatic abscess when the fact of its existence is very evident, and the collection of matter large, with the certainty of a copious discharge taking place. The operation is attended with no difficulty, and it might seem to be the best plan; but it often happens that there are strong objections, and unfavourable results would most certainly occur. If the abscess be very large, and lie close to the surface—if the peritoneal covering of the liver be much distended, and the wall of the abscess no thicker than the eighth of an inch, it will be easy enough to cause an escape of the matter: yet the wall of the abscess is so thin that it at once falls in and becomes flaccid; there will be an insufficient supply of nutrient blood sent to the outer wall of the abscess, and the whole will slough, leaving a large, irregular cavity, such as is not unfrequently seen when a large abscess forms extensive adhesions to the costal surface, and after penetrating between the intercostal muscles, stretches and distends them until the outer walls give way and the integuments slough. Unless the abscess should seem limited in extent, and show signs of pointing, as in common phlegmonous inflammation, it is well to be wary before recommending an artificial opening to be made; and if the abscess be of a passive kind, and seem enclosed, as it were, in a capsule, the parietes being thin, an opening in such a case would prove disastrous.

There are cases of a distressing nature, such as when abscesses make their way between the intercostal spaces, where it might seem advisable to make use of the scalpel. All that can be said of such cases is, that the operation affords but a faint hope of recovery; that it is better to leave the abscess to open of itself. The artificial opening must necessarily pass into the cavity of the thorax, and then through the diaphragm into the liver. If a trocar is used, and the tube retained, there is continual elevation and depression of the tube; there is difficulty in its management, which is not the case when the abscess points direct to the abdomen. Within my knowledge, in all cases in which an opening has been made through the intercostal spaces, the results have been most unsatisfactory; indeed, I have never seen a single recovery under such operations. I have once known a case of hepatic abscess which opened into the pericardium, and in this instance, when the external incision was made for relief, there was an immediate discharge of matter, much greater than had been originally expected. A male catheter was introduced into the pericardium, and was moved to and fro from side to side by the action of the heart, which struck against it, without being rendered irritable; in fact, it produced no acceleration of the pulse, nor was pain complained of.

When hepatic abscess is attached to the colon, which is not an uncommon occurrence, provided no large bloodvessel gives way through ulceration, which is by no means unfrequent, and which I have generally found to be the cause of death, there will be a discharge of pus into the bowel, and, if the abscess is small, the patient may recover. The first sign of the abscess having given way will be a feeling of faintness, and sometimes collapse; and the pus may gradually pass along the bowels,

* This is my own experience, and I state it thus strongly from being aware that it differs from that of others of high authority, who hold that the passage through the bowels is the safer channel.

* Although the potassa fusa is most serviceable in causing absorption of deep-seated matter, and in two cases of abscess of the liver under my own care seemed to operate in this way most favourably, in causing absorption, yet for producing a direct opening from the slough which it causes, or with a view of producing adhesion of the liver to the parietes of the abdomen, when there is a doubt, I do not think it advisable. I have never seen any bad result from opening an abscess when there was the least pointing, nor feared the contents of an abscess, when opened, passing into the abdomen.

and, from its unirritating nature, make its way unperceived through the sphincter, without the patient having any notice of what has occurred until he finds his bed soiled by a collection of purulent matter. But if there be a discharge of blood, this will coagulate as soon as it has passed into the colon, where it will obtain a covering from the mucous and intestinal secretions, and will be voided sometimes in large quantities, and frequently be observed in the close-stool, as if it were portions of flesh-like, solid liver.

The above is intended as a sketch of the after-management of cases of abscess of the liver when it has fully formed. It is not intended to enter upon the symptoms of the disease or the treatment, or to specify the several distinctive forms in which it may arise. Suppurative inflammation takes place as the result of congestion, or phlegmonous inflammation in the centre of the organ, or in the several lobes; and this disease is quite distinct from adhesive inflammation, which first affects the peritoneal coat. It differs greatly in its symptoms from those hepatic abscesses which are consequent upon ulceration of the bowels, dysentery, or operations on the rectum. These points have been very ably brought under the notice of the profession by Dr. George Budd, and the truth of his statements must be confirmed by all who have had opportunities of witnessing disease of the liver and bowels in tropical climates, or where operations on the rectum, when the patient has been out of health, have induced abscess in the liver in the course of a few weeks—generally the beginning of the third week. Suppuration of the liver unattended with ulceration of the bowels, to which the above notes refer, is a distinct disease.

George-street, Hanover-square, Aug. 1859.

ON THE

TREATMENT OF ŒDEMA GLOTTIDIS BY SCARIFICATIONS.

BY JOHN TUDOR, ESQ., M.R.C.S.,
SURGEON TO THE "DREADNOUGHT."

OCCASIONS frequently present themselves when life is placed in the greatest jeopardy, and the surgeon is called upon to act with judgment and promptitude, whether the circumstances depend upon disease or arise from injury, to avert the impending danger, instances of which will be familiar to all. No symptoms, I believe, can be more painful to witness, nor more distressing to the unfortunate patient to bear, than those affecting the free passage of air into the trachea; and upon this subject I venture to offer a few remarks which I hope may prove of some service. Œdema of the mucous membrane of the larynx results from several causes. Simple acute inflammation and erysipelatous inflammation, however, I believe to be the most common source of the affection, though it frequently arises in syphilitic and phthisical diseases of the throat. I have on several occasions, in the practice of this hospital, also observed a subacute form in anæmic patients, where the blood has become degenerated in consequence of scurvy, or long-continued intermittent. I briefly notice these facts, as my object is not to give a history of the disease, but simply to point out a method of treatment which I am sure is not sufficiently well known, nor its merits, consequently, appreciated. Some years back, my friend and colleague, Mr. Busk, was in the habit of scarifying in cases of œdema glottidis with the most marked benefit. This experience of Mr. Busk is noticed by Dr. Watson in his "Lectures."

During the last five years I have had from eight to a dozen cases in which the operation has been performed, and I am satisfied that in each of these, death must have been the consequence, or an opening been made below the seat of the obstruction. The comparative risk of the two operations must be quite evident, and from my own observation the results will not bear comparison. The *rationale* of the treatment by scarification seems to speak for itself. Take, for a single example, a case of paraphymosis, and observe the immediate benefit which arises from freely incising the parts. Carry this principle to the larynx, the opening into which is becoming gradually occluded by an accumulation of fluid in its submucous tissue, and the same result will be obtained. From experience and conviction, I can recommend the adoption of this operation with the greatest earnestness and confidence. Of course it applies to those cases where the obstruction arises from dropsy of the parts.

A simple curved, sharp-pointed bistoury will answer the purpose of the operation; but in order to get the point well down to the *base* of the epiglottis, it will be necessary to bend the joint of the instrument, and fix it *firmly* at an angle with a narrow strip of plaster, or bit of thin tape. The blade should then be guarded with lint up to about a quarter of an inch of the point. To avoid this trouble, Mr. Weiss, according to my instructions, made me an instrument, as represented in the accompanying sketch, which is decidedly more convenient, and the handle being flat, half an inch is gained for depressing the point.

Before proceeding with the operation, the patient, if possible, is made acquainted with what is going to be done for his relief, and encouraged to restrain himself as much as lies in his power. The head being firmly sustained by an assistant, the index finger of the left hand is introduced at the angle, on the right side of the mouth, and thrust back as far as possible, in order to secure the apex of the tumid epiglottis, and fix it firmly against the root of the tongue. The instrument is then carefully introduced with the right hand, guided by the left forefinger, and passed over this to the base of the epiglottis, when three or four incisions are rapidly made through the mucous membrane. The patient is then directed to clear out the throat with forcible expirations, and gargle with water as hot as he can bear. By this means I have taken away several drachms of blood and serum, with *immediate* relief. The patient will cheerfully submit to a repeated application of the instrument, which is frequently required.

After this operation, I have seen patients who have been suffering the most urgent distress from dyspnœa and inability to swallow even fluid, in a few hours breathing with comfort, and quite able to drink beef-tea, &c. I have never performed this operation in those cases arising from scalded throat; but I should not hesitate adopting it if a case were brought under my notice. More precaution would, of course, be requisite, inasmuch as this is an accident most frequently affecting young children; and I am inclined to think, in addition, that the parts, in consequence of the injury, would be rendered more sensitive.

August, 1859.

ON THE TRUE NATURE OF PARASITIC DISEASES.

BY JOHN LOWE, M.D.

I BEG to offer the following condensed remarks on two papers having reference to the above subject which have appeared in the pages of THE LANCET during the present year—one "On Parasitic Fungi," by Mr. Hogg; the other a very interesting communication from Dr. Fox, "On the True Nature and Meaning of Parasitic Diseases of the Surface."

Hitherto, we have had two theories regarding vegetable growths on animal bodies—1st, that they are the real agents in the production of skin diseases; 2ndly, that they are merely of accidental occurrence. To the latter of these Mr. Hogg declares himself an adherent. We have now a third view, promulgated by Dr. Fox—viz., that "there is no true parasitic disease except that of the hairs." Which of these statements is the correct one, and what are the arguments by which they are sustained?

First, then, of the new theory—"there is no true parasitic disease except in the hairs." Now, whilst almost everyone is ready to admit that the hairs are more easily affected than other parts, few, I think, will be prepared to adopt the idea that they are the only structures involved. If it had been

written, "there is no true parasitic disease in which the hairs are not affected," the point might have been ceded as of little importance, and we might admit further, as above stated, that these are more readily infected than other structures by reason of the freer contact with the atmosphere which the fungus obtains in the hair follicle; but why we should hold that because of the "alteration and destruction of the hairs whenever a parasite was present, and their integrity whenever the latter was absent," therefore "the only disease it engenders is that of the hairs," I fail to perceive. Dr. Fox will scarcely deny that the fungus spreads from the hair follicle into the surrounding epidermis; and if so, does it not produce disease there? The centrifugal development of the eruption is, I think, a strong argument that there is other disease than that of the hairs. And further, I have frequently found that the fungus was present with the eruption, both in tinea and favus, when all the hairs were destroyed. In two cases of lichen annulatus which I treated in 1857, I found the fungus distinctly under the epithelium; but although I extracted and examined every hair on the patch of eruption, no trace of the parasite was found on them. I hold, therefore, that we must not hastily conclude that the disease is non-parasitic because we fail to find the fungus in the hair follicle; neither ought we to argue to the same point if we find it not under the epidermis, for I have frequently found it in pityriasis after failing five or six times. The minuteness of the objects sought for, and the care required in the investigation, sufficiently account for the different opinions held on the subject. Dr. Fox observes that "chronic skin diseases occur in situations where the hairs are few in number." Might we not incline to the idea that the disease is chronic *because* the hairs are few? that because the plant has little contact with the atmosphere, it therefore spreads slowly, and originates a chronic disease? With reference to the concluding sentence of the above clause, we are entirely at issue: "The effect of the parasitic growth is of no moment when compared with the concomitant eruption;" and yet afterwards we find, what is certainly true, that "the amount of parasite and eruption are in direct ratio." Why is this? Is it merely a coincidence, or is it not rather an instance of cause and effect?

It is difficult to conceive that the growth of a fungus amongst living tissues can be of so little moment as Dr. Fox appears to imagine. Being of so minute a form, and its agency invisible, we are apt to underrate its intrinsic power. What is the amount of force evolved during its growth, and what are the special results of its operations? Look for a moment at the effects that fungi produce in other situations. An agaric growing under a stone of more than a hundred pounds weight raises it from its bed to the height of several inches. The cells of that agaric are not widely different from those under consideration. Again, the mycelium of a fungus, probably identical with that found in skin diseases, has been known to raise a cask to the top of a cellar, the fungus feeding on the wine as it leaked from the cask. (Harvey.) Surely the cell-force which is capable of effecting such operations as these must be of *some* moment when exercised, although to a much less extent, in a delicate living tissue. Is it not capable of exciting inflammation, and of actually producing the *eruption*, which Dr. Fox regards as "secondary" to the development of the parasite? For secondary, we ought, I think, to write coeval, else why the annular, centrifugal form of the eruption? Beyond the irritation produced by mere mechanical pressure, there is, however, another source by which inflammation is engendered—viz., the production of irritant acids and gases by the chemical action of the vegetable cell. We may assume as an undoubted fact, that a vegetable cell cannot undergo development without exciting a chemical decomposition in the pabulum on which it feeds. The results of this chemical action on animal bodies have not as yet been fully investigated, but I have already pointed out their probable nature in a previous communication to THE LANCET. The different stages in the growth of the plant give rise to alcoholic, acid, and putrefactive fermentation. Of the latter, we have ample evidence in many skin diseases, but especially in favus, the odour of which closely resembles that of some methylamine compound. But whatever the products are, it can admit of little doubt that their nature is irritant.

Dr. Fox cites a case of porrigo decalvans in which no eruption was present. This is not by any means uncommon, but it hardly tallies with the remark, that "the amount of parasite and eruption are in direct ratio," because a fungus is certainly present in the disease named. It appears to me that we cannot generalize as to the ratio of eruption and parasite; for an amount of fungus which will simply produce death of the hairs in one person, or part of the body, will, in another, produce irritation, eruption, or even violent inflammation. The difference in effect seems to be due to two causes: first, to constitutional peculiarity, when the result is different in different individuals; second, to peculiarity of structure, as regards density, heat, moisture, and chemical composition, when the difference is observable in parts of the same individual. There is, moreover, a variation in the amount of irritability in different parts of the body, which of itself will account for some of the peculiarities in the development of skin diseases. To diminished irritability, as well, perhaps, as to an increased density of tissues, is to be ascribed the rarity of skin affections in elderly people. The opposite conditions account for their frequency in the young. One or other of these peculiarities will account also for the differences in the form of the parasites—variations which are so slight that one fails to obtain an insight into the reasons of their being raised to the rank of species. Certainly they were not so raised on correct scientific principles, inasmuch as they are merely initial or undeveloped forms, belonging, as I have endeavoured to prove by experiment, to one of two species.

I am looking forward with interest to the publication of Dr. Fox's next paper, proving them to be referable to one species. For although I showed that they were all referable to aspergillus glaucus, I think we are not warranted in excluding penicillium as a source of the parasite, and that for two reasons: first, because the initial forms of these are isomorphous; and, secondly, because, as Mr. Berkeley remarks, "they are equally indifferent about their matrix, so long as the conditions for their growth are fulfilled."

Mr. Hogg's paper, which was published in full in the April number of the *Microscopical Journal*, goes to confirm the statement which I had previously made, in 1857, as to the identity of the vegetable parasites. Mr. Hogg made microscopic examinations of the various diseases, and the result is the same as that at which I arrived by the examination of M. Robin's faithful and beautifully executed work, as well as by experiment and microscopic investigation,—that all the growths in question are specifically identical. Mr. Hogg claims to have discovered a fungus in six diseases in which it had not before been noticed by any author,—namely, "in psoriasis, lepra, eczema, spilus, ichthyosis, and lichen." In the five former, which are not parasitic diseases, its occurrence is merely accidental, as it may be in any other. In lichen, I had previously recorded its occurrence.

Mr. Hogg is decidedly of opinion that the vegetation is not the cause, but a result, of disease—on the following grounds:

1st. The general law, that vegetable parasites only attack bodies in a state of lowered vitality or commencing decomposition. This is rather an argument for than against the production of disease: attacking bodies whose vitality is lowered, both in the animal and vegetable kingdoms, the fungus hastens the progress of death and disintegration of the part.

2nd. "The growth of fungi is not necessarily pathognomonic of a special disease, because they have been observed in all kinds of chronic skin diseases." In one class of disease the parasite is invariably present: in another, only occasionally; and in these it has never been alleged as a cause of the disease. In the former class it has always been found (at least there is only negation in occasional failures in the attempt to discover it, which, as Mr. Hogg himself proves, is often due to the incompetency of the observer), and there its presence is pathognomonic of the disease.

3rd. "Competent observers have not been able to find them in the diseases which they are believed to engender. ..... Thus Malherbe, Cazenave, and Wilson deny the existence of a vegetable fungus in porrigo scutulata." Mr. Hogg gives nine cases of the disease, in all of which he found the fungus: the inference is, that the above were *not* competent observers. And again, "Cazenave, Didot, and Wilson deny the existence of achorion Schönleinii in favus." Now, as the first of these admits his "ignorance of the microscope," and the latter does not deny the existence of a "growth," but merely accounts for it in a peculiar manner, the number of competent observers is narrowed into a small circle.

Lastly. As to the results of attempted inoculation, the experiments are too few and too irregular to afford any basis for argument *pro* or *con*. Cases of well-authenticated communication by contact are numerous, and worth far more than merely negative experiments.

I do not think we are justified in dismissing the subject of causation of disease by fungi so summarily, and on so slight grounds, as Mr. Hogg appears to do. In common fairness we should adduce the arguments on the other side, which has not

been done in Mr. Hogg's paper. Let me briefly state some which seem to have most weight; conclusive they can scarcely be considered, in the present condition of our knowledge, but they bear strong presumptive evidence of truth:—

1. Mr. Hogg's own argument against the theory of their morbific agency, "they grow most readily on bodies whose vitality is lowered, and which are prone to decompose."

2. They cannot grow without inducing decomposition, the products of which in contact with living tissues have a tendency to excite irritation.

3. That the mycelium growing amongst living structures excites inflammation.

4. That the mycelium spreads centrifugally, and that the ring of inflammation spreads to the same extent; and these, therefore, bear, to say the least, a semblance of cause and effect.

5. That the fungi formed in all skin diseases are to be ascribed to one of two common species, the slight variations in their structure being due to the different conditions under which they grow, especially with regard to light, heat, moisture, chemical requirements, and density of structure.

6. That *parasiticides* are, in many instances, sufficient to remove the disease without *any* constitutional treatment.

7. That competent observers have been able, in almost all cases, to discover the parasite which was supposed to engender the disease. (Vide Robin, &c.)

8. That its occurrence in other diseases is merely accidental, and that in these it does not produce its specific action owing to the absence of one or more requirements for its development.

Lastly. Numerous authentic cases of direct contagion from one subject or part to another.

Mr. Hogg states that parasitic diseases are rarely, if ever, cured by destroying the parasite. From this I differ *in toto*, having treated numbers of cases of psoriasis, pityriasis, lichen, and tinea, and several of favus and sycosis, without any constitutional means whatever, and have not yet failed in obtaining a speedy cure. In psoriasis it is generally sufficient to paint the patches once daily with strong tincture of iodine (a drachm to an ounce), and so with the others. One most aggravated case of psoriasis vulgaris, covering the whole of the scalp, both arms and both legs, was completely cured in a month by this method.

Of course, where the general health is deranged to any great extent, constitutional measures will aid the cure; but I am quite sure that, in very many cases, they are by no means indispensable. I have tried all the so-called parasiticides, but find none equal to the one mentioned.

I cannot conclude without observing how Mr. Hogg, in his Postscript (published January, 1859), quietly appropriates the *results* of my experiments on favus crusts, which were read and published in 1857. (Vide vol. v., "Transactions" of the Botanical Society, Edinburgh.)

King's Lynn, August, 1859.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A TAMARIND-STONE LODGED IN THE WINDPIPE OF A CHILD; EXPULSION AFTER THE OPERATION OF TRACHEOTOMY.

(Under the care of Mr. SKEY.)

IN the interesting case which follows, it is most probable that the small tamarind-stone was lodged in the right bronchus, from the fact of its being expelled, on coughing, from below the opening made in the trachea. There was not any visible change in the respiration of the two sides, and this would lead us to infer that complete obliteration of one of the bronchial tubes had not ensued, which partly accounts for the rapid expulsion of the stone when the trachea was freely laid open.

Of the various substances which have entered the windpipe, writers mention cherry, plum, and tamarind stones, natural and artificial teeth, fragments of bone, pieces of flint, food, nuts and nutshells, coins, buttons, shot, grass, beans and seeds, pieces of nutmeg, crumbs of bread, nails, &c. The symptoms of chest disease will vary according to the time the foreign body remains in the lungs, which may sometimes be for years, but they are usually those of chronic irritation of the lung.

William S——, a handsome-looking boy five years of age, was admitted into Lucas ward, under the care of Mr. Skey, on the evening of July 14th, with the following history: He had been playing with other children up to within twenty minutes of his admission, and had been up to that time in perfect health. Suddenly the mother's attention was drawn to the child by reason of its cries, and he seemed to be on the point of suffocation. It appeared that the children had had some tamarinds given them a little while previously; and the mother, believing that the symptoms were due to the presence of one of the tamarind-stones in the windpipe, turned the child with its head downwards, in the hope that the foreign body might fall out. This hope, however, was not gratified, and she at once sent the child off to the hospital. At the time of admission the condition of the patient was as follows: He was sitting up in his father's arms; the expression of the face was extremely anxious, but there was no lividity or duskiness of the face or lips. The extremities were quite warm. Respiration hurried; inspiration stridulous; cough ringing and metallic: in fact, the breathing and the cough resembled those heard in croup. The symptoms would now and then become less severe; and the child would fall back in a doze, again to be awakened after a few minutes by another paroxysm. Nothing could be detected in the pharynx by the finger. Air entered freely into the chest, and no difference whatever could be detected between the respiratory sounds on the two sides; and no information could be obtained as to the locality of the foreign body.

Operation an hour and a half after the accident.—The child was placed under the influence of chloroform, without exciting the least irritation in the trachea. The first incision was made rather long, extending from immediately below the cricoid cartilage to the sternum. On dissecting down to the surface of the trachea, some bleeding occurred. It was not considerable, but was sufficiently great to preclude any immediate attempt to open the air-tube. Mr. Skey therefore desisted for some minutes, during which the bleeding ceased. The trachea was then opened to nearly the whole length of the outer wound, and a pair of curved forceps introduced downwards towards the chest, and also in the opposite direction, without success. The edges of the wound in the trachea were then separated as widely as possible by means of a pair of sharp hooks, and shortly afterwards a sudden cough discharged the tamarind-stone with some force through the wound. The operation being satisfactorily completed, the extremities of the outer wound were approximated by means of plaster, the centre being left free. After the operation, Mr. Skey made the following observations:—

"Tracheotomy is an operation not very readily performed, and still less so when it is required to open the trachea low down in a child by gas-light. It is not always easy to hit the exact line of interval between the sterno-thyroid muscles, and this can only be effected by dissecting quite vertically from the surface on which the outer wound occupies exactly the mesial line. When exposed, the trachea should be opened freely, without regard to the thyroid isthmus. Unless time be an object of consideration, (and it is rarely so urgent as to require the operation to be hastily completed,) any reasonable number of minutes may be devoted to the entire arrest of bleeding. The size of the aperture in the trachea will depend on the motive dictating the operation. If for the escape of a foreign body such as a plum or a tamarind stone, the opening should be large—in truth, as large as it can be made in a child of five years of age. In the case of this boy (as well as in that of a child operated on by Mr. Paget last year, who adopted my suggestion of considerably lengthening his incision in the trachea), the opening was very large, extending, I believe, through at least five or six rings of the tube. I doubt the expediency of the attempt to remove the offending body by means of forceps of any description yet invented. Preferable is it to await the return of cough, which, in the act of expiration, will inevitably carry the foreign body with the current of air through the larger and the nearer orifice in preference to the smaller

and more remote. Inasmuch as we are supposed to be acquainted with the nature, and therefore can form a tolerably accurate idea of the size, of the foreign body, we can in some measure judge of the magnitude of the opening required for its escape. I am not aware of any great increase of danger or difficulty created by the division of a greater over a less number of rings, or, in other words, in making a large opening instead of a small one.

"The success of an operation of this kind is much dependent on the skilful co-operation of the assistant. In the above case, the edges of the wound in the trachea were held widely asunder by Mr. Savory; and when we consider the peculiar structure of the trachea, the importance of this duty must be obvious. In the recorded case of Mr. Paget, the same part of the operation devolved on me, and at the moment of escape of the foreign body, I was engaged in the act of dilating the opening in the trachea to the fullest extent it was susceptible of. I felt myself indebted to Mr. Savory for his very efficient co-operation, upon which the success of the operation so largely depended."

July 15th.—The boy has passed an extremely good night; skin pungently hot, and dry; respiration, 40 per minute; inspiration seems to take place entirely through the larynx, but expiration partly through the wound and partly through the larynx; pulse 140; tongue coated with a moist, whitish fur; the subcutaneous tissue over the right pectoral muscle is emphysematous; no morbid sounds in the chest. To have one-twelfth of a grain of tartar emetic, with half a drachm of simple syrup, in a drachm and a half of water, every second hour.

16th.—The child is much better; the skin moist, and cooler than it was; respiration only 24 per minute, and no air passes through the wound, except when the child breathes very deeply or coughs; pulse 140; wound looking healthy; no morbid sounds in the chest; the emphysema has not extended; the bowels acted last night. To leave off the antimonial draught, and to have half an ounce of the tartrate of soda mixture every four hours.

17th.—The child is now sitting up in bed, playing with his toys; the wound is granulating up. To have a couple of eggs, milk, and beef-tea; also, twenty minims of the liquor of cinchona, and ten minims of the aromatic spirits of ammonia, in half an ounce of water, three times a day.

ST. MARY'S HOSPITAL.

THE VALUE OF EARLY CONSERVATIVE MEASURES IN STRUMOUS DISEASE OF THE KNEE; GOOD EFFECTS OF THE IODIDE OF SODIUM.

(Under the care of Mr. URE.)

THE following case (for which we are indebted to Mr. Achille Vintras, house-surgeon to the hospital) is instructive from a twofold point of view. In the first place, the morbid process was arrested by early surgical interference in the complete removal of the carious bone. Had the destructive process been allowed to go on, in a short time the knee-joint would have been so much involved (the patient being of strumous habit) as to have been amenable to no treatment short of amputation. In the second place, great advantage was derived from the iodide of sodium, and it had the unexpected effect of completely clearing the hazy cornea, without any topical measures, and thus affords an additional proof of the value of this remedy.

Jane C——, aged twelve years, was admitted on Oct. 22nd, 1858. She was of strumous habit, thin, worn, and wasted by suffering. The cornea of the left eye was nebulous. Over the inner side of the head of the left tibia was an extensive ulcerated surface, about four inches in diameter, presenting large, flabby, unhealthy granulations; and, in the centre, a depression, in which the bare surface of the tibia, about the size of a fourpenny piece, was seen exposed, and of a dark-grey colour. The secretion of pus was abundant. It was stated that about three weeks before her admission, an inflammatory swelling, like a large boil, had made its appearance in the above situation, which, after the lapse of a week, burst, and was followed by rapid ulcerative destruction of the textures down to the bone. She has suffered from pain in the shin-bone ever since she can remember, and also complains of pain referred to the patella, but not in the sore. She lies with her leg completely bent upon the thigh, and screams whenever any attempt is made to straighten the limb. The tongue clean, but pale and flabby; the appetite pretty good; pulse 80. A mixture, containing bark, and an opiate at night, was ordered for her; a poultice to be kept constantly on the knee.

Oct. 27th.—Slept well; appetite good; pulse 78. It was determined in consultation to examine the patient, under the influence of chloroform, in order to ascertain the extent of the disease, and, in the event of the knee-joint being implicated, either to amputate the limb, or perform excision of the joint; otherwise to remove simply the diseased portion of bone, and trust to appropriate constitutional treatment for the recovery of the patient.

On careful exploration, it was found that the upper end of the tibia was separated from the epiphysis, stripped of periosteum, and diseased to the extent of more than an inch. This morbid portion was removed with bone-forceps, some of the adjoining unhealthy granulations snipped off with scissors, and, while the patient was still insensible, the limb was gradually extended and attached to a Macintyre splint. The block of bone thus removed was somewhat rectangular in shape, measuring from side to side fully an inch and a half, and from above downwards rather more than half an inch. The surface presented the eroded, worm-eaten appearance characteristic of scrofulous caries.

28th.—Nausea from the effects of the chloroform; skin cool; pulse natural; no complaint of any pain.

Nov. 2nd.—The patient is doing well; the bottom of the wound is covered with granulations.

20th.—The wound is nearly filled up; the patient looks better and stronger; appetite very good.

Jan. 3rd, 1859.—The patient has been improving rapidly since the last report.

18th.—The sore had almost cicatrized under the use of a weak solution of nitrate of silver; but towards the margins there remained two or three circumscribed patches of superficial ulceration, which seemed spreading and indisposed to heal. The girl looked sickly. She was ordered five grains of iodide of sodium in an ounce of cod-liver oil mixture thrice daily.

28th.—A speedy improvement has followed the use of the iodide of sodium; the complexion has regained a healthy hue; the appetite is excellent. The little patient feels stronger, and the sores look much healthier.

Feb. 10th.—The splint has been removed, and the patient can now sit up in a chair, and move the knee-joint a little without complaining of any pain; the sores have all healed.

A curious circumstance is, that the haziness of the cornea of the right eye, which heretofore had prevented her from distinguishing objects, has so far dispersed as to enable her to recognise persons. This nebulous cornea was, no doubt, the sequel of previous scrofulous corneitis—a condition which often yields to the use of alterative medicines.

12th.—Discharged cured.

GREAT NORTHERN HOSPITAL.

LITHOTOMY; SECOND PERFORMANCE OF THE OPERATION AFTER THE LAPSE OF THIRTEEN MONTHS; RECOVERY.

(Under the care of Mr. PRICE.)

A SECOND operation for stone in the bladder is sometimes necessary, but instances are rarely seen in which, a second stone having formed during a few months, the repetition of a cutting operation is required. Mr. Price, on the 25th of July, at the above hospital, removed a calculus from the bladder of a man sixty-four years of age. The patient appeared much harassed by continual suffering. The operator stated that, thirteen months before, he had removed a phosphatic calculus of considerable size by the lateral operation; the nucleus of the stone being a portion of effused blood. A rapid recovery from the operation took place. With regard to the present operation, Mr. Price said he could see no reason why the various operative steps should in any way differ from those employed at the first operation, and had therefore carried his incisions into the bladder in the direct line of the former wound. Had he not been aware that the patient had been already operated upon, it would have been impossible to surmise the fact from any indication met with in the passage of the finger and knife along the urethral track. The external incision was made directly through the old cicatrix. The stone was not large, and had the urethra and bladder been less irritable, a crushing instead of a cutting operation would have been adopted.

Mr. Price stated that about two or three years since, he had removed a full-sized lithic acid stone from the bladder of a man aged sixty-four; and in about eighteen months afterwards his patient again sought his advice for the relief of similar distressing symptoms affecting his urinary organs. The existence of calculi being proved, the man again submitted to lithotomy, and five stones were removed. In this instance the incisions were made on the same side of the perinæum, and the same tissues were divided, as in the first operation. The patient made as rapid a recovery from the second operation as from the first.

The patient now in the hospital has gone on uninterruptedly without a single untoward symptom.

PARTIALLY ENCYSTED CALCULUS; REMOVAL BY LITHOTOMY; RECOVERY.

(Under the care of Mr. LAWSON.)

THE following case will be found not less interesting and important than the preceding:—

John M——, aged sixty-five, late a corporal in the 16th Hussars, was admitted into the above hospital on July 23rd, labouring under all the usual symptoms of stone in the bladder. He dates the first symptoms as far back as 1819, when he suffered intense pain in the loins, for which he was under treatment in the Bristol Military Hospital. He was subsequently discharged, unrelieved, and admitted into the old York Hospital, Chelsea. After having been there some time, he gained relief; but on attempting one day to micturate, a small calculus passed from the bladder into the urethra, where it became impacted, and was removed by the surgeon. In 1820 he was invalided from the army. Since that period, he has continued to suffer more or less from pain in the loins, and has at various times passed by the urethra gravel and small calculi. His urine, so far as he can remember, has, ever since his first attack, deposited a tenacious, ropy sediment. The present urgent symptoms commenced about eighteen months since, and have continued to increase in severity.

The condition of the patient on admission was that of extreme emaciation and debility. He had an almost incessant desire to pass his urine, and complained of a heavy, dragging pain in the loins. His urine deposited a large amount of mucus, and some pus. No casts were detected under the microscope. On examining the bladder with a sound, Mr. Lawson detected a stone, evidently of large size, and lying close to the prostate.

On the 29th of July, the usual operation for lithotomy was performed by Mr. Lawson, and a large lithic acid calculus removed. Some little trouble was experienced in catching hold of the stone, in consequence of its lying in a pouch of the bladder close to the prostate, from which it was with difficulty dislodged. The stone presented an appearance very characteristic of its having remained for some time partially encysted. A clear margin around its long circumference marked the depth of its seat in a pouch of the bladder; while above this line there was a copious reddish deposit, evidently of more recent date than that which formed the bulk of the calculus. The patient has progressed most satisfactorily since the operation.

CLINICAL RECORDS.

EXTENSIVE FRACTURES OF THE SCAPULA AND NINE RIBS; DEATH.

THE injuries were too extensive and serious, in the following case, to permit of recovery. The wonder is that the patient's sufferings were not more acute, when we consider that many of the ribs were broken in two places. We avail ourselves of the following notes, clinically reported by Mr. J. E. Davey, one of the pupils of the hospital.

Francis A——, aged sixty-seven, traveller, was admitted into the accident ward of Guy's Hospital on the 8th of June, 1859, under the care of Mr. Cock. The patient, a strong, healthy-looking man, of temperate habits, was attempting to cross the road in the Borough, when he was knocked down by a Hansom cab, the wheel passing over his shoulders from the left to the right side. He was picked up and conveyed to the hospital. On admission, he was very much prostrated, but perfectly sensible. On the left side, several ribs were diagnosed to be fractured; and finding he had no use in the left arm, and the clavicle not being fractured, an examination was made in the region of the scapula. Crepitus could be distinctly felt and heard by the stethoscope, and Mr. Cock detected emphysema. There being such severe injury, and so many ribs fractured, a flannel bandage, just tight enough to support the parts, was applied. At first he could only lay flat on his back, with the shoulders slightly raised. He had no cough, but after a day or two he suffered from a kind of bronchitis (which he frequently had in winter). He never expectorated anything but a white, frothy mucus, and there was not the slightest stain of blood. The lung on the left side did not seem to be doing its work, and on the right side puerile breathing was very audible. The patient was too ill to allow of proper examination of the chest.

June 9th.—At times quite delirious; great difficulty of breathing; bowels opened; tongue slightly furred; pulse 94.

10th.—Still very ill; has passed a very bad night; great difficulty of breathing. Ordered, half a drachm of tincture of opium. At eight P.M., being very much more oppressed, he was ordered two ounces of brandy, and an antimonial pill with opium every four hours.

11th.—Much the same.

12th.—He has passed a rather better night, but is still very much oppressed and very restless; has no pain, but complains of great difficulty of breathing.

13th.—Died this morning, an hour previous to his death suffering from extreme dyspnœa.

Post-mortem examination, twenty-two hours afterwards.—No signs of decomposition. Rigor mortis present. Body tolerably healthy for an old man, but considerable excess of fat. Head not examined. All the upper ribs of the left side were fractured, and most of them in more than one place. The first nine were fractured in their middle, and all these, except the first two, at their angles also; the broken ends projected inwards; but the pleura was only slightly injured. Scapula fractured transversely immediately below the spine, the fissure running through the neck, but not quite penetrating the glenoid cavity. From this spot another short fissure came downwards and inwards into the middle of the bone; and besides this fracture, another longitudinal one existed, running down the back of the bone at a distance of not quite half an inch from the edge: a rim of bone was thus completely broken off. On opening the chest, the left lung was found collapsed; about eight ounces of blood in the chest. There was no lymph on the pleura, except at a spot on the posterior surface and upper part of lower lobe of the lung. On scraping off the exudation, a laceration an inch in length, but quite superficial, was seen. The right lung was healthy. Pericardium healthy. A considerable excess of fat on the surface of the heart; valves and lining membrane healthy; peritoneum, jejunum, ileum, and cæcum healthy. Liver excessively fatty. Prostate slightly enlarged, especially the middle portion, which projected into the bladder, and must have caused some impediment. Bladder also hypertrophied.

SIMPLE EXTENSION IN CONTRACTION FROM BURNS.

WE lately had the opportunity of observing the treatment of a case of deformity arising from an old burn in a little boy, nine years of age, under Mr. Coote's care at St. Bartholomew's Hospital, which is worthy of notice. It is a plan in use, we believe, at the Orthopædic Hospital, and consists in the proper application of simple extension, perseveringly carried out. The boy was admitted on the 7th of April, with his lips and mouth drawn downwards from a burn in the neck when an infant. The cicatrix possessed the usual characters of hardness and thickening. By suitable appliances the head and chin were kept extended, with the effect of bringing back the lower lips and jaw to their natural position, and getting rid of the extreme deformity which had heretofore existed. The mouth can now be closed.

The effect of extension is to cause the absorption of the adventitious material present in the cicatrix, and thus permit the latter not only to become soft and extended, but permanently to remain so.

A VITREOUS FOREIGN BODY SUCCESSFULLY REMOVED.

A POPULAR notion prevails that wounds produced by contact with glass are of a very festering character, and that when portions of that substance remain lodged the danger becomes very much increased. In small wounds of the fingers and hands, wherein minute fragments of vitreous substances sometimes get forced in, much swelling and inflammation will occasionally ensue from the irritation which they cause; but, as a

rule, glass cannot be said to be a greater irritant than many other foreign bodies. As a proof of this we cannot do better than refer to the case of a young man, at the present time in St. George's Hospital, who eight weeks ago was hurt by a skylight falling upon him, a portion of the thick splintered glass entering his right loin, as we understood, and subsequently passing down into the back of his thigh. A loose body could be very distinctly felt amongst the muscles in that part, and, after chloroform had been administered, an incision was made by Mr. H. C. Johnson over the projecting end, and a piece of thick glass, between four and five inches long and three quarters of an inch wide, was withdrawn by the aid of a pair of forceps. This body had thus been lodged there for some weeks, yet the amount of irritation produced by its presence seemed comparatively trifling. The patient is doing well.

CEREBRIFORM TUMOUR ON THE FOREHEAD OF AN INFANT.

TUMOURS, or growths of any kind, about the region of the face or forehead of infants, must always be looked upon with suspicion, when from being small they suddenly take on a disposition to grow rapidly. Such an occurrence leaves an impression on the mind of malignancy, which, in nine cases out of ten, turns out to be but too true. A very comely and well-developed male infant, sixteen months old, was brought to Guy's Hospital, with a distinct round tumour, of the size of an orange, situated on the right side of the forehead, but extending beyond the median line towards the left side, and projecting slightly downwards, so as completely to close the right eye. It felt soft in some places, and somewhat fluctuating in others, and did not convey the idea of its being a cyst. The infant was born with it, but at that time it formed a mere speck. It slowly enlarged up to a few months back, since which its increase has been remarkably rapid. On the 5th of July, chloroform was administered, and a small trocar was introduced by Mr. Birkett into its seemingly fluctuating part, a few drops of blood escaping. An incision was now made across the tumour from above downwards, when it was discovered that the nature of the growth was cerebriform cancer. The base of the tumour was encircled by a distinct wall of bone; but as it was impossible to say whether the disease sprang from the bone, or directly from the dura mater itself, any further interference was abandoned. The wound was, therefore, closed, and the child given to its mother. Such cases produce a melancholy impression, as the means of cure are wholly beyond the reach of medical art.

A LARGE NUTRITIOUS ARTERY OF BONE.

IF the student refer to almost any work on anatomy or physiology, he will find that scarcely a sentence is devoted to the consideration of the nutritious arteries of bone, beyond the mere mention of the locality of the nutritious foramina themselves. An examination of Mr. Quain's great work on the Arteries will equally disappoint him. It is to the very small, although not the less important, bloodvessels, which enter the minute foramina found on the outer surface of bone, that the growth, development, and nutrition of the osseous system depend. When a leg is amputated and a bone sawn across, there may be a little vascular oozing from the osseous section, particularly if there has been much irritative disease around it. We see this frequently when slices are removed from the articulating surfaces of joints. More rarely do we witness the pumping of blood from a distinct arterial trunk in the medullary canal itself. Such a peculiarity, however, in which the medullary artery was derived no doubt from the nutritious vessel, was seen at the Charing-cross Hospital on the 18th June. The left thigh of a young man, aged nineteen, a seaman, was amputated at its upper third by Mr. Canton for general necrosis of the entire tibia, with disease extending to the knee-joint, of a year's duration. When the leg was removed, a distinct pumping of blood took place from a rather large vessel, which could be distinctly seen in the medullary canal. It was as large as one of the interosseous branches of the radial artery given off in the palm of the hand, and of course could not be tied. Bleeding was arrested by applying a small plug of lint, which afterwards came away when the stump was nearly healed. The presence of a large nutritious artery in such a situation is a circumstance of much interest to both the physiologist and the surgeon.

Reviews and Notices of Books.

THE PERIODICALS FOR THE QUARTER.

The British and Foreign Medico-Chirurgical Review opens with a rather elaborate critical examination of the entire series of the researches of M. Brown-Séquard into the "Physiology and Pathology of the Nervous System." Valuable and trustworthy as the analysis is, it would have been infinitely more valuable if the author of it had given at the end a *résumé* of his conclusions, instead of leaving them to be collected *en passant* from a discussion, all the minute details of which it is rather difficult to retain in the mind to the conclusion of the paper. The writer observes, "Of all the results of M. Brown-Séquard's experimental researches on the nervous system, the most original and satisfactory appear to us to be those which appear conclusively to establish the decussation of the conductors of sensory impressions in the spinal cord itself at a very short distance from their entrance into it." (p. 15.) The articles on "The Influence of Oxford upon Medicine" and on "John Hunter" are well worthy of perusal. This latter essay stands in great contrast with that on M. Brown-Séquard in respect to its possession of a clear and succinct *résumé* of what it has undertaken and assumes it has performed. Amongst the original communications is the conclusion of Dr. Jago's elaborate memoir, "On Entoptics." To Dr. Scott's paper, "On the Effects of Rupture of the Internal and Middle Coats of Arteries," we may also direct attention.

The third number of Volume III. of the *North American Medico-Chirurgical Review* continues the important inquiry of Dr. Storer, of Boston, into "Criminal Abortion," and contains also a report by Dr. Mason, of Philadelphia, "On Practical Obstetrics for the year 1858." Dr. S. Packard reviews "The Present State of Microscopical Science," and Drs. Bigelow and Forbes are weighed in the balance, and found wanting. "There is reason to believe," we are told, "that neither the 'Rational Expositions' of Dr. Bigelow nor the kindred work of Sir John Forbes, 'Nature and Art in the Cure of Disease,' can stand the scrutiny of medical logic on the very point which the authors may be supposed to regard in their reformatory labours with the most complacency."

The *Journal of Psychological Medicine*, in its "Quarterly Report," treats us to some of the magical science of M. Houdin and the Aissoua. The first volume of Sir William Hamilton's Lectures is analyzed; "Pauper Lunacy" is next discussed, and then we have the continuation of a valuable paper (we previously noticed in a leading article), entitled "Principles of Early Mental Education." The great epic poet, Dante, forms the subject for an interesting "Psychological Study."

The *Journal of Mental Science* reviews the Commissioners' Report on Lunacy in Scotland; Excerpta from the Evidence on Lunatics, given before the House of Commons; and the Supplement to the Twelfth Report of the Commissioners to the Lord Chancellor. Dr. Tuke contributes the first instalment of a paper upon "General Paralysis," and Mr. Tyerman continues his "Commentaries upon Insanity."

The *Dublin Quarterly Journal of Medical Science* contains some good papers. We would signalize Mr. Haughton's communication, "On the Healthy Urine of Man;" Dr. Osborne's "On Involuntary Actions of Voluntary Muscles;" Dr. Healop's "On the Cerebro-Spinal Symptomatology of Worms," and Dr. Macdonnell's "On the Physiology of Diabetic Sugar." There is a somewhat lengthy review of the "Extent, Causes, and Effects of Prostitution;" but we cannot say that it is as practical in purpose as it is morally good in intent. Like most lucubrations upon the subject of the "Social Evil," it ignores one of the most important factors of the equation that it places before the public. Sir Benjamin Brodie's views in relation to the matter *sub judice*, have always seemed to us the most marked by common sense.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

BESTALL'S APPARATUS FOR SHOWING THE PHENOMENA OF POLARIZED LIGHT.

THIS beautiful little apparatus consists of a polarizing mirror, with a glass frame on which to place the object and give the proper angle. The analyzer and the whole apparatus are most complete, and well adapted for all the purposes of showing the phenomena of polarized light both by night and day. It is admirably calculated for chemical and microscopical observations. The price is so trifling, that, contrary to our custom, we must mention it—four shillings and sixpence.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

PROSECUTION FOR ILLEGALLY ASSUMING THE TITLE OF SURGEON. INTERVIEW WITH THE MEDICAL COUNCIL.

WE copy from *The Times* of the 4th and 6th instant the following account of the latest prosecution undertaken by the London Medical Registration Association, for the purpose of carrying out the provisions of the recent Medical Act:—

BOW-STREET.—*Mr. Henry Scott*, of 17, Adam-street, Adelphi, appeared, on Wednesday, the 3rd inst., to answer a summons, issued at the instance of Dr. Ladd, the honorary secretary to the Medical Registration Association, charging him, under the Medical Registration Act, with representing himself to be a properly qualified medical practitioner, whereas he was not registered under the provisions of that Act.

Mr. Bowen May appeared to prosecute on behalf of the Association; Mr. Mayhew for the defence.

Mr. BOWEN MAY, in opening the case, was about to enter into an account of the prisoner's antecedents, when

Mr. MAYHEW objected. These matters had no connexion with the present case, and the allusion to them only showed the feeling which actuated the prosecution.

Mr. BOWEN MAY disclaimed any feeling apart from the desire to carry out the Act of Parliament in the interest of the public at large and of the medical profession. But as he intended to ask the magistrate to inflict the full penalty, he wished not only to show that Mr. Scott was not a surgeon, but also to inform the magistrate what he really was.

Mr. JARDINE said, that in the event of a conviction it might be proper to consider such matters in determining the amount of punishment. But at present the question was whether Mr. Scott had committed an offence under this Act, and the circumstances alluded to could have nothing to do with that portion of the case.

Mr. BOWEN MAY then called

Dr. THEODORE E. LADD, honorary secretary to the Association, who produced a printed copy of the Medical Register.

Mr. MAYHEW objected to the admission of a printed book as evidence; they should have the original Register.

Mr. BOWEN MAY said, that by the 27th section of the Act the printed copy was evidence.

Mr. JARDINE decided on receiving it.

Dr. LADD continued—The Register does not contain the name of the defendant. The Register is made up to the 1st of July, and is the only one yet printed. I have been to defendant's place of business in Adam-street, Adelphi. On the right side of the door-post were two bells, with metal plates, on one of which was inscribed "surgeon's," and on the other "house." On the door is a brass plate with "Mr. Scott" on it, and on the inner door is painted "Dr. Scott."

Cross-examined—I am a Doctor of Medicine, a M.R.C.S., a Licentiate of the Apothecaries' Company, and a Licentiate in Midwifery. I am hon. secretary to the Association, but receive no emolument whatever from the Association, and no benefit from these proceedings.

MARY ANNE SANDERS, dressmaker, St. Mary's-street, Lambeth, deposed that on the 27th of July she called on the defendant to consult him. He said that he was Mr. Scott, the surgeon, whose advertisement she had seen. He said his fee was one guinea. She said she thought that it was a good deal. He said it was not like going to a chemist and druggist. She said she should never think of going to a chemist and druggist. Ultimately she paid the fee, and he gave her a bottle of medicine, but, after consulting a friend, she resolved not to take the medicine.

Cross-examined—Did not know Dr. Ladd except by living in the neighbourhood. Was not sent by him or by anyone to Mr. Scott's, but went in consequence of seeing his advertisements.

Several advertisements were put in and admitted, in one of which Mr. Scott said he had been in practice twenty-three years.

Mr. MAYHEW submitted that there was no case. The evidence of Miss Sanders related to what occurred on the 27th of July, whereas the Register produced was only made up to the 1st of July.

Mr. BOWEN MAY said that if defendant had registered after the copy was printed the onus of proving that fact rested on the defendant.

Mr. JARDINE was against this view; and, on Mr. Bowen May pressing the point, his Worship declared such an interpretation of the Act to be absurd.

Mr. BOWEN MAY then called some further witnesses, with a view to show that the defendant was in practice before the 1st of July.

Mr. JARDINE said the case was still imperfect as to the specific charge in the summons.

Mr. BOWEN MAY would call Dr. Hawkins, the Registrar, to prove that Mr. Scott was not registered up to this day; and, for that purpose, he must ask his Worship to adjourn the case.

Mr. MAYHEW objected; but ultimately his Worship adjourned the case until the 5th inst.

Mr. MAYHEW hoped the magistrate would use his authority to prevent the publication of any report of the case.

Mr. JARDINE said he had no power to interfere with the Press.

On Friday, the 5th inst., at the adjourned sitting,

Mr. BOWEN MAY, on the part of the Association, stated that he was prepared to produce the chief clerk to the Registrar, who would prove that the name of the defendant was not even up to the present time registered. Before doing so, however, he wished once more, with all submission, to press on his Worship's attention the point he had raised on the last occasion. He contended that the production of the printed Register was sufficient, and he relied on the words of the 27th clause—"And the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered," &c. He contended, therefore, that if Mr. Scott was registered subsequently to the 1st of July, the *onus probandi* rested upon him. He had taken the opinion of Mr. Creasy, who agreed in his view of the case, and said the evidence was sufficient. If his Worship's view were right, they would never be able to carry out the Act of Parliament, for in every case the attendance of the Registrar would be required, and he could not be ubiquitous.

Mr. JARDINE.—It is not a matter of law, but a matter of common sense. You charge Mr. Scott with an offence alleged to be committed on the 27th of July, and the essence of that offence is that he was not on the Register. And you attempt to make out that charge by showing that he was not on the Register on the 1st of July. In a criminal proceeding like this, you cannot cast the *onus probandi* on the defendant. It is for you to prove your case.

Mr. BOWEN MAY.—Then I will call the clerk.

Mr. JOHN CROSSE ROOPE, clerk to the Council of Medical Education and Registration, deposed that it was his duty to register applications for registration. He had examined the Register, and found that since the 1st of July there had been no application by the defendant.

Mr. MAYHEW.—Must not we have it here?

The Witness.—A certificate of registration is given, and if a surgeon has been registered since the book was published, he is bound to produce it.

Mr. MAYHEW.—I presume the Register is in writing? (No answer.) How is it made?

The Witness.—According to the Act of Parliament.

Mr. MAYHEW.—I suppose it is in writing. You must produce it. Now, where is this Register?

The Witness.—There is the Register (pointing to a printed copy in the hand of Mr. Bowen May).

Mr. MAYHEW.—That was printed on the 1st of July. To what date is it made up?

The Witness.—Up to the 1st of May.

Mr. MAYHEW.—Where is the Register up to the present date?

The Witness.—There is none since the 1st of July. The applications are filed, and certificates are given. At the end of the year the Register is made up and published.

Mr. JARDINE.—How can a man be registered, and receive a certificate that his name is on the Register, when there is no Register in existence?

Mr. BOWEN MAY.—If the defendant has a certificate, it is easy for him to produce it.

Mr. JARDINE.—It is a criminal charge, and it is for you to prove it. I cannot call on the defendant to say one word till you have done so. Men of business who keep a register keep a document like that printed book, but in manuscript, and the very day after printing it they would again have something in manuscript, where the entries would be made from day to day as they occurred. If they have not done that they have not acted regularly.

Mr. BOWEN MAY said that dockets or loose leaves were kept and filed. These could be produced.

Mr. MAYHEW.—The Act says the original Register or a printed copy must be produced. That cannot be if there is no Register.

Mr. BOWEN MAY said the Council would make a Register. They would do anything to comply with the law.

Mr. JARDINE could not bring Mr. Scott there a third time. He had no right to assume anything against Mr. Scott, who was entitled to the same fair play as any other person brought before him.

Mr. BOWEN MAY said the Act would become a dead letter.

Mr. JARDINE said the Act was quite right. It was an excellent Act, and well calculated to meet a very great evil, that unqualified persons were enabled to practise as medical men. But it had not been properly carried out by the Council. The Act was a new one, and they were not lawyers. As long as they did not keep a Register the Act would be inoperative, not from any defect in it, but from not being properly carried out. The summons must be dismissed.

Immediately after the above decision was given, an extraordinary meeting of the Committee of the Association was held, the members of which subsequently repaired to the office of the Registrar, in Soho-square, in order to test the accuracy of Mr. Roope's evidence as to the non-existence of a Register. To the astonishment of all, it was found that Mr. Roope's statements had been entirely correct, and that no Register actually existed.

The Committee next proceeded to the College of Surgeons, where the Medical Council was assembled, and there made application by letter for a deputation to wait upon the Council relative to the decision of Mr. Jardine. After this the Committee went to the House of Commons, and had interviews with several members of Parliament, to urge them to make such inquiries in the House as would lead to the production of a document that should be universally held valid in courts of law on actions being undertaken similar to the one above reported. The decision of Mr. Jardine was on the same night brought under the notice of the House of Commons by Sir Edward Crogan and Mr. Brady, and an equal interest was taken in the subject by Lord Fermoy, Mr. E. James, Mr. Hennessey, Mr. Digby Seymour, Colonel Dunne, Mr. Adam Black, and Mr. Maguire. The next application was made to the Home Secretary to receive a deputation from the Committee of the Association.

On Thursday, the 4th instant—the day previous,—in conformity with a vote passed at a general committee meeting of the Association, Dr. Ladd had written to the Medical Council to request that a time might be named for a deputation to be received by the Council, in order to point out to the latter numerous inaccuracies in the printed copy of the Register. In reply to the second application, a letter was received by Dr. Ladd late on Saturday evening, appointing twelve o'clock on Monday, August 8th, as the time for an interview; and it was then determined by the Committee of the Association, many members of which were hastily convened, that all the subjects demanding inquiry and discussion should be brought under attention on the same occasion.

Accordingly, on Monday last, at twelve o'clock, the Committee waited upon the Medical Council, at the Royal College of Surgeons. There were present on the part of the Council—Dr. Alexander Wood (in the chair), Dr. Bond, Dr. Apjohn, Dr. Corrigan, Dr. Watson (Glasgow), Dr. Embleton, Dr. A. Smith, Mr. Nussey, and the Registrar. The deputation from the Committee of the Association consisted of Mr. Lavies, vice-president; Mr. Bottomley, treasurer; Dr. Ladd, honorary secretary; Drs. O'Connor, Kirby, and Routh; Messrs. Sutherin, Dansey, C. Clark, and the Assistant-Secretary.

Dr. O'CONNOR introduced the deputation, and stated the objects of the Association as being to assist the Registrar under the Act, which had always been eagerly done by the Association in affording information so as to ensure correctness of the Register; to prevent illegal practice; and to watch the working of the Act. In pursuing the second of these aims, it had been their duty to bring under the notice of the magistrates at different police courts several cases of illegal practice, and they had done this successfully in all but the last instance, to which, indeed, one of the main subjects for consideration referred. The Association desired to know if it were in contemplation by the Council, in consequence of the decision of Mr. Jardine in the case of Scott, to move the proceedings into a higher court? The prosecution had failed in consequence of there having been no Register kept of qualified practitioners since the 1st of May. Such conduct was a contravention of the Medical Act, for which the Council was responsible.

In reply to an inquiry from the Chairman whether the present interview was intended to be confined to matters on which one was sought by the application of Thursday previous,

Dr. O'CONNOR explained that the first application—namely, on Thursday—was made for an opportunity to point out to the Council many defects in the Register as existing; the second appeal for an interview, made on Friday, related to the case of Scott, but that the Association hoped that both subjects would be now considered. Dr. O'Connor instanced numerous examples of errors in the Register.

The CHAIRMAN said that the Association and the profession must be well aware of the difficulties which had had to be surmounted in the production of the first Register; and he asked that a list of the errors already discovered by the Association might be laid before the Council, promising that they should be amended in the next Register. The Council, he said, had had their attention drawn to the case of Scott immediately on a report of its termination appearing in the newspapers, and that in order to obviate in future any such objections as were made on that occasion, they had already caused copies of the Register to be interleaved (which were shown to the deputation) for the insertion of fresh names as they became registered from day to day, so that a perfect Register to the current time might be always producible. They had also referred the case of Scott to their legal advisers for counsel's opinion as to ulterior proceedings which might be found necessary. The Chairman added, that the Medical Council were sensible of the great advantages which had accrued from the exertions of the London Medical Registration Association, and hoped that the latter would go on with its labours.

Dr. KIRBY spoke of the imperfections which existed in the mode that had been pursued in registering practitioners; and he gave a brief history of the remonstrances that had been made by the Association on this head in the course of last winter, the recommendation of "forms" by them calculated to prove the *identity* of persons applying to be registered, and the protest which the Association had thought necessary to forward to Sir B. Brodie, the President of the Council. He urged that the mode that had been in force was that which applied to exceptional, and not general applications to register. By the 15th section of the Act, it was necessary to prove the lawful possession of diplomas or licences; and, by the 16th section, provision was made to carry out the proofs of identity and lawful possession. Dr. Kirby also expressed the general feeling of the profession that the expense of the Register was much too great. It is a document, he said, which every practitioner would find it necessary to be possessed of, and 7*s.* 6*d.* was a large sum to pay annually in addition to his registration fee.

The Deputation learned with much satisfaction, in answer to these observations, that the Council, acting on a fresh estimate, *had already reduced the price of the Register to* 4*s. per copy;* and they were informed that to compensate for the additional payments that had been made, the purchasers of the copies already sold would each be supplied with a copy of the next Register without charge.

The CHAIRMAN reminded the deputation that every case in which registration had been effected could be re-opened if fraud were suspected; and it would be competent to the Association or any individual to lodge an appeal with the Council for examination into any particular case, which appeal would be sure to receive attention. At the present time, registration had been cancelled in certain instances, and a similar proceed-

ing in some other cases was now under consideration by the Council. There is at present a person in prison in Scotland, the particulars of whose case will shortly be made public.

Dr. KIRBY remarked that it was easier and better to prevent persons not legally qualified from getting on the Register, than to strike out their names after they had become inserted. He also hoped that a perfect Register would at once be obtained for production in courts of law when necessary, or practitioners might, as in the late case at Bow-street, again be thrown out of court.

Dr. LADD remarked that the case referred to had been upset by its having been proved on oath that there was, in fact, no Register in existence that could properly be so called.

Both speakers were answered that an order had already passed the Medical Council for a manuscript Register to be duly prepared forthwith.

Mr. C. CLARK earnestly urged the necessity of securing proof of identity before the registration of applicants, and he instanced that there was another practitioner with exactly the same name as his own, and that in similar cases there was no complete security that one person could not make use of the credentials of another.

The CHAIRMAN instanced, in reply, the mode of registration which had been pursued in Scotland, where a declaration of identity had uniformly been made before a clergyman or a magistrate. The plan as detailed by him met with the unanimous approbation of the deputation, who considered that the same system might with much advantage be extended to England and Wales.

Dr. O'CONNOR called the attention of the Council to the case of John Burton, prosecuted by the Association at Gloucester, at a charge of £56. His name had improperly obtained admission on the Register, from which it was afterwards expunged; but the Medical Council had refused to undertake the prosecution, and it had devolved upon the London Medical Registration Association to do so, at the above considerable cost. He (Dr. O'Connor) wished to be informed if the Medical Council would now bear a portion of the expense which had been thrown upon the Association in that case. He further asked if it were intended to obtain powers in the Medical Acts Amendment Bill of Mr. Whiteside now passing through Parliament, which would enable prosecutions in similar cases to be carried on in the name of the Attorney-General.

He was answered that there is no public prosecutor in England, and that in this country an impression existed that prosecutions should rest with individuals who were aggrieved.

Mr. BOTTOMLEY called the attention of the Chairman to the case of a person named Organ, whose name is on the Register, though he has no qualification.

The CHAIRMAN said the case would occupy their attention the following day. Mr. Teale was in possession of all the facts relating to it, and it would be fully gone into.

After some further conversation, the general result arrived at appeared to be, that the attention of the Council had been devoted to the consideration of the various points mentioned in consequence of the representations made to them by letters from the Committee of the Association since the middle of last week. In the case of Scott especially, the Council, it appeared, had already consulted their solicitor, and would speedily make a report, to appear on their minutes. The Association were invited to put their views and suggestions in writing, and forward the same to the Council, by whom they would be considered with every attention.

The CHAIRMAN warmly complimented the Association on the zeal and energy which had been displayed by its members; and the feeling appeared to prevail on both sides that great advantage would arise from the interview.

THE LONDON MEDICAL REGISTRATION ASSOCIATION *V.* HENRY SCOTT, OF ADAM-STREET.

[NOTE FROM J. BOWEN MAY, ESQ.]

To the Editor of THE LANCET.

SIR,—I see by your journal of last week that you purpose reporting these proceedings in the next LANCET. Having been professionally engaged in the prosecution, and taking a lively interest in the medical profession and its success, perhaps you will allow me to endeavour to undeceive many of the public who, from reading the judgment of the magistrate, imagine that the new Medical Act is now *hors de combat*.

No one has a higher opinion of the learning of Mr. Jardine than myself; but I do not hesitate to state that the conviction of Nunn, the "surgeon-dentist," by Mr. Secker (the magistrate) was correct, and that my clients, the prosecutors in this case, will be able to secure other convictions of non-qualified men, and therefore that this decision will not stand. Dr. Ladd, the persevering honorary secretary, notwithstanding this decision is pursuing his purifying course.

I have written to the Medical Council to suggest that it would be well for that body to try the question, as their Register has been impugned, whereby this case temporarily broke down, and I have no doubt they will do what is necessary to put beyond *any* doubt the legality of the Medical Register.

I remain, Sir, yours, &c.,

Russell-square, August 9th, 1859. J. BOWEN MAY.

THE STATE OF THE THAMES:

MEANS SUGGESTED FOR ITS IMPROVEMENT.

To the Editor of THE LANCET.

SIR,—I have been engaged in the practice of medicine upwards of half a century, and the result of my experience is, that the *prevention* of disease is much more easily as well as effectually accomplished than the *cure;* and I believe this observation will be found equally as applicable to the diseased state of the Thames as to the diseased state of the human body. The idea of physicking or deodorizing the immense mass of filth which has been deposited and accumulated upon its banks, or is held in solution by its waters, appears to me, to speak of it in the mildest terms, perfectly illusory: not only is it deceptive and worse than useless, but it is also very expensive. All the deodorizing materials which could be manufactured in the United Kingdom in one week would be insufficient to purify its waters for twenty-four hours: the following day would find them as foul and offensive as before the experiment was made.

It appears to me that the only rational mode of proceeding would be to remove, wherever practicable, the present accumulations, and to prevent any future additions by cutting off *all* the sources whence they are derived. This last-named object could, I conceive, be readily effected, and that at a much less cost than by any measures that have hitherto been proposed, by the erection of, at the mouth of each large ditch or sewer, a semi-circular tank or wall. Take the mouth of Fleet ditch for an example. This opening, I would suggest, should be surrounded by a semi-circular wall, of sufficient height to prevent the tidal waters from flowing into it, and of sufficient strength and capacity to contain all the refuse that might be poured into it every twenty-four hours. This wall should be domed over, leaving an opening large enough to introduce and erect upon it a properly-constructed pump. The contents of the cistern might then be drawn or pumped up, and conducted into lighters or barges arranged for their reception. The lighters could carry it up or down the river, and either dispose of it to the agriculturist in its liquid state, or it might be deposited in properly-selected localities at a safe and convenient distance from London for deodorization. In this way, it would be made to constitute a mine of wealth, far exceeding in value all the guano which is imported annually into this kingdom at an enormous price.

Were this plan adopted, it would in a few years repay all the outlay, and afterwards become a source of immense profit, and thus would a great national evil be converted into a great national good.

There are collateral adjuncts to this plan which would be found eminently useful. For instance, every owner of an offensive manufactory upon the banks of the Thames might be compelled by an Act of Parliament to erect reservoirs for the reception of the pernicious or deadly refuse, similar to that suggested by me for the Fleet ditch, instead of being allowed to pour it into the bosom of the river.

It does not appear to me that it has been sufficiently borne in mind, that the water of the Thames is *half polluted before* it reaches London. The number of populous towns, villages, and villas which are situate upon its banks will account for this, and unless the inhabitants of these towns &c. are compelled to adopt prophylactic measures, all attempts at purification in London itself must prove abortive.

I trust that you will accept my apology for having called your attention to my opinions upon a subject of such vast importance; but I have thought much upon it, and, like every loyal Englishman, I am anxious "to do the State some service."

I have the honour to remain, Sir,

Yours very respectfully,

J. BEDINGFIELD, M.D. Heidelberg,

Medical Officer to the Stowmarket Board of Health.

Longville House, Suffolk, Aug. 1859.

THE LANCET.

LONDON: SATURDAY, AUGUST 13, 1859.

THE Medical Council will shortly be engaged in that most important department of its functions, which consists in regulating the educational requirements of future candidates for the medical profession. To harmonize the diverse standards of the numerous examining boards will, no doubt, test the constructive and administrative skill of the Council. But one principle it is clearly within their power to enforce, and that is, to exact a full theoretical and practical knowledge in all the leading subjects of Medicine, Surgery, and Obstetrics. It has long been a scandal to the profession, and the source of infinite public mischief, that men have embarked in the responsible duties of general practice, prepared by education for practice in one or two of these departments only. Through the hitherto existing most absurd regulations, many men possess only the Apothecaries' licence, which implies a fitness to practise Medicine; many more unite to this the diploma of the College of Surgeons, and may be presumed to add a fitness to practise Surgery as well; and until the recent ill-judged institution of a special diploma in Obstetrics by the College of Surgeons, no security was taken for obstetrical competency from the general practitioner, upon whose skill hang the lives of the mothers of England, and the reputation of our profession. The consequences might have been foreseen. If anyone should seek to know what these are, let him read the records of our law and criminal courts. He will find examples of lives lost, of reputations blasted, of worldly prospects destroyed, through ignorance of the fundamental laws of Obstetrics. The truth is familiar to every teacher, that not one student in twenty cares to study any branch of knowledge in which he is not to be examined; and when he finds the examining boards are content with a certificate of attendance on a three months' course of lectures, he is easily led to believe that midwifery is not worthy of occupying much of his time, and that sufficient practical skill will come of itself by a little experience at the bed-side. He therefore goes into practice utterly unprepared to cope with those numerous and terrible dangers which surround the parturient couch, and which demand knowledge as extensive and special, experience as ample, and resources as manifold, as the greatest emergencies of Medicine or Surgery. Through bitter and dear experience, many have learned all this too late. And how many are they who, now enjoying a well-deserved distinction in obstetric practice, might, if they spoke out manfully, tell us a sad history of accidents unforeseen and unguarded against, of irreparable injury done to mothers, perhaps of lives sacrificed, in the early period of their uninstructed career!

Who is to blame for this? It is now futile to inquire. The question is, how is the existing deficiency in medical instruction to be removed? We are strongly of opinion that this is a duty, second to none in importance and in urgency, resting with the Medical Council. The Obstetrical Society, whose prosperous commencement is familiar to the profession, has been founded at a most fortunate juncture. Counting as it does amongst its members almost all the leading teachers and practitioners of Obstetrics in the kingdom, it is well qualified to speak with authority upon this subject. Its Council, having carefully weighed the matter, have addressed a memorial to the Medical Council, signed by the Presidents (Sir CHAS. LOCOCK and Dr. RIGBY) and the Honorary Secretaries. The document ably sums up the arguments in favour of insisting upon an equal consideration of Obstetrics with Medicine and Surgery in any comprehensive scheme of medical education and examination. The insufficiency, and even mischievousness, of the College of Surgeons' Midwifery diploma are clearly shown. It is observed that this licence is entirely voluntary; that any Fellow or Member may practise midwifery without having passed any examination in midwifery; and that the licence may be given to persons who are neither Fellows nor Members. This special licence is derogatory to the obstetric practitioner, as tending to revive his supposed inferiority to the practitioner of Medicine and Surgery. Unless Obstetrics be made to form an integral and essential part of our professional examination, that examination must be considered imperfect, and an insufficient security for the public. The Council very properly urge, that the interests of the profession and the welfare of the public demand that the standard of education and examination for those who are engaged in the practice of Midwifery should be as high in this department as that which obtains in Medicine and Surgery. They suggest that the attendance on lectures on Midwifery by the student should equal the attendance required on Medicine or Surgery. They express their deliberate conviction that it is quite impossible to teach the principles of Midwifery in a single three months' course of lectures. As regards practical instruction, they suggest that Lying-in Hospitals, the maternity departments of general hospitals, and other institutions, be in future recognised as schools of instruction in Practical Midwifery, and that a special and sufficient attendance upon them, similar to the attendance upon medical or surgical hospitals' practice, should be required from all students. As regards examination for licences, diplomas, and degrees, they further suggest that all candidates should, as in the continental schools, be tested in Midwifery to the same extent as in Medicine and Surgery.

Those who have watched or taken part in the great development and progress of Obstetric science, during the last twenty years, will not need to be reminded of all this. Nor will it be contended that the ordinary courses of lectures on Physiology and General Anatomy sufficiently provide for instruction in the anatomical and physiological basis of Obstetrics. It is certain that no one whose interest in the subject is not quickened by practice in Obstetrics will ever fully appreciate, so as to be able to teach effectually, the anatomy of the female organs of generation. Our knowledge of this department of anatomy is now so extensive, and the applications of our increased knowledge have already made such an intimate alliance with practice, that it has become altogether impossible to present a satisfactory exposition of the actual science and practice of Obstetrics in the three months' course which the College and Hall, in their wisdom or ignorance, assign to the task.

A department which now engages some of the best intellects in the medical profession—which has been the means of advancing the science of Medicine as a whole, and which is of such paramount importance to the well-being and security of society, must no longer be treated with neglect. The

Obstetrical Society deserves well of the profession for the step it has taken in challenging for Obstetrics a claim to equal consideration with Medicine and Surgery as an integral part of the healing art. The Medical Council has here an opportunity, by adopting the recommendations of the Society, of justifying in the eyes of the public the Act of Parliament under which it is constituted, and of earning the applause of the entire body of the profession.

No human being can predicate with certainty the remote or even immediate effect of any special act which he performs. It could not, for instance, have been *à priori* expected that the late prosecution of HENRY SCOTT at Bow-street would end in bringing about a far more important result than the mere shutting up of the shop of an unqualified practitioner. By the somewhat unexpected decision of Mr. JARDINE, however, the interest evoked by the trial has been shifted in its direction, and is now concentrated on the important inquiries,—"Is there, or is there not, a Medical Register?" and "What real "protection does the new Medical Act give to the medical pro- "fession, and what steps are necessary to be taken to put that "protection into force?" All questions such as that of the advantage to be derived from putting an end to the assumptions of the notorious advertiser, SCOTT, are thrown into the shade for a time by the more important considerations of the existence or non-existence of a valid Medical Register, and the mode in which the Medical Council and the Registrar have attempted to carry out the provisions of the Act.

At the trial of SCOTT, his assuming the title of a surgeon, and prescribing and furnishing medicine to a patient on the 27th of July last, had been distinctly proved in evidence, and the printed Medical Register published on the 1st of July had been produced to prove that the defendant was not a *registered* practitioner. But the Magistrate shrewdly remarked that no proof was given that SCOTT had not commenced practice after the 1st of July, neither had proof been given that he had not registered since that date. The case was adjourned for the presence of Dr. FRANCIS HAWKINS, the Registrar, and his production of the Register since July 1st. At the second sitting, Mr. BOWEN MAY repeated an argument which he had used on the former occasion,—namely, that the defendant was bound to prove that he had been registered since the date at which the printed copy of the Register was made up. But Mr. JARDINE ruled differently. He said, "In a criminal proceed- "ing like this, you cannot cast the *onus probandi* on the de- "fendant." Mr. ROOPE, the chief clerk to the Medical Council, was then put into the witness-box. The Register since July 1st was called for. It was not forthcoming. The witness stated that there was none! but that applications for registration were made and kept filed at the office, and certificates of registration given accordingly. The Magistrate was somewhat severe and sarcastic in his remarks upon the medical profession and their mode of keeping their records. "Men of business," he said, "who keep a register, keep a document like that "printed book (the published Register), but in manuscript; "and the very day after printing it they would again have "something in manuscript, where the entries would be made "from day to day as they occurred." And he added that the Medical Act was "an excellent Act, and well calculated to "meet a very great evil—that unqualified persons were en- "abled to practise as medical men. But it had not been pro- "perly carried out by the Council. They were not lawyers. "As long as they did not keep a Register, the Act would be "inoperative; not from any defect in the statute, but from its "not being properly carried out."

What, then, is a Register? In answer to a question put by Mr. BOWEN MAY, as to whether, if the loose sheets of application were bound together (in calf or otherwise), they would constitute a Register, the Magistrate somewhat irritably asked if Mr. MAY supposed he was so foolish as to think that the binding made any difference. He considered that the names should be entered in the order in which they are registered, on some document capable of being produced when officially called for. He, in fact, considered that a Register should be kept at the office according to the form of Schedule D in the Act; and he was doubtless right in expecting that such a document would be so kept. Ultimately, in consequence of no such Register being produced nor producible, the summons was dismissed; and so much for HENRY SCOTT on that occasion.

We must say that we cannot entirely reconcile the decision of the Magistrate with the terms of the 27th Section of the Act, which lays it down that

"A copy of the Medical Register for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all courts and before all justices of the peace and others that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such copy shall be evidence, *until the contrary be made to appear*, that such person is not registered according to the provisions of this Act."

Now who is to make "the contrary appear"? Common sense, insisted upon by Mr. JARDINE, would seem to us to throw the onus on the person accused. We shall look, however, with some interest and anxiety for a settlement of this legal question by a high legal authority.

But Mr. JARDINE is decidedly right when he expects that a Register shall be kept according to the Schedule set forth in the Act. That one has not been so kept, is a clear and convincing proof of the "loose and inefficient manner" in which medical registration has been conducted, and against which the London Medical Registration Association warned the Council at the very outset of the registration. It will be recollected that the Association in December last recommended to the Council the use of certain "forms" of application, on which there were to be attestations of identity and lawful possession of diplomas or licences by persons to whom the applicant was known. The necessary time occupied in the filling up of these, in addition to other advantages, would have had the effect of moderating the first rush for registration, which converted the Office into a perfect Babel, and involved all the proceedings in an inextricable mass of confusion, the results of which are perceptible to the present day. Instead of a mere exchange of slips of paper, about as large as a page of a duodecimo book, called "applications," on the one hand, and "certificates" on the other, registration would have been duly conducted according to the form prescribed in the Act, if the advice and suggestions of the London Medical Registration Association had been adopted in December last. But the Association then received from the Medical Council the cold shoulder; its applications for interviews, for the purpose of making its various suggestions, were disregarded; and it is quite probable

that the recent interview might never have been accorded, only that the Council found they had got into a dilemma in consequence of the "loose and inefficient" system, which the Association early detected and remonstrated against. Out of apparent evil, however, good sometimes springs, and we are not inclined to complain of the events that have brought about an *entente cordiale* between the Council and the Association, which promises to be of real service to the profession. The Association, after several rebuffs, has at length obtained access to the Council chamber, and has even been complimented—as was its due—for the zeal and energy which its members have displayed in behalf of the interests of the profession.

The Committee of the London Medical Registration Association acted with admirable promptitude at the late juncture. Directly after the termination of the case at the police-court, they ascertained, by examination at the Registration Office, the fact that there was really "no Register," and they made instant application for a conference with the Council on that subject, which they also found means to get agitated in the House of Commons on the same night. The subject was referred to in the House by Sir E. GROGAN and Mr. BEADY, and an active interest was taken in the matter by Lord FERMOY, Mr. E. JAMES, Mr. HENNESSEY, Mr. DIGBY SEYMOUR, Colonel DUNNE, Mr. MAGUIRE, and Mr. ADAM BLACK. Had it not been for the lateness of the hour, (nearly two o'clock on Saturday morning,) these members would have taken part in any discussion that might have arisen, had the Home Secretary replied to the interrogatories of Sir E. GROGAN. We are glad to know, however, that the attention of the Home Secretary became so far directed to the subject, that, in reply to an application to that effect, he more recently made an appointment to receive a deputation from the Committee of the Association.

It is but just to the Council to state, that their own attention was drawn to the importance of the matter of the Register immediately on their becoming acquainted with the proceedings at Bow-street, and that in this and other respects, as their minutes will show, they have consulted the interests and wishes of their professional brethren. Thus they have reduced the price of their printed Register, and ordered a manuscript Register to be begun and continued forthwith. We cannot, however, divest ourselves of the idea, that much of this spirit of concession is owing to the pressure that has been exercised from without. The London Medical Registration Association speaks to them in the voice of the profession, of which, indeed, it is a legitimate representative. If the profession will unite with it to a man, and thus make it a powerful and even overwhelming body, there is no reason why they should long remain without many more of their legitimate demands being yielded to them by the various corporate bodies and the Government. We expect to find that a rapid accession of members and a large accumulation of funds will prove the estimation in which the labours of this Association are justly held by the profession.

SINCE the making up of our report, published last week, on the cases of cholera and choleroid disease admitted into the Seamen's Hospital, *Dreadnought*, another case has occurred. On Wednesday the 3rd inst., the second mate of the *Cosmopolitan* was taken ill. He applied at Guy's Hospital, but was refused admission. He was received the same day on board the *Dreadnought*. When admitted there, he was already in advanced collapse, and died in a few hours. It will be remembered that the *Cosmopolitan* is the vessel that brought over the infected crew from Hamburg. She had only recently been purchased by the Steam Navigation Company. It is reported that she was in a very foul condition, and was undergoing a thoroug cleansing at Horsleydown when the second mate was attacked. Further inquiries seem singularly to confirm the conjecture entertained, that the drinking the contaminated water of the Elbe at Hamburg was closely connected with the origin of the disease. The men say that on every occasion of drinking the water they felt ill. We are glad to say, that as yet there are no fresh indications of the advance of cholera. The state of the river has materially improved: its temperature has fallen several degrees, and even at low water there has been nothing offensive for some days in the river, where the *Dreadnought* floats.

Medical Annotations.

"Ne quid nimis."

THE EDINBURGH EXPLANATION.

THE Council of the Royal College of Physicians of Edinburgh are just now fighting the battle of common sense in the profession. They have taken up the sword for the *plebs;* and if they wield it manfully, and with frank and valorous mien, there can be no question of the result. They have offered to the general practitioner of the United Kingdom a means for placing himself on a professional level, so far as title and degree can go, with the magnates of the profession. It is very right that such a door should be opened; but it is also right that only those who are worthy, and can approve themselves fit companions, be admitted. Of the cold exclusiveness which would affirm that the designation of doctor or physician is inapplicable to the general practitioner, we can but express our profound disapproval. It is the function and the duty which hallow that title; and to assume that the licentiate of a college, the member of a corporation, or graduate of a university robs himself of the right to the name of doctor or physician by practising the general duties of his profession, instead of confining himself to consulting practice, is an absurdity which is not likely to be ratified by the general voice of the profession, and one to which the public will never practically give confirmation. The fact is that the distinctions between graduates, members, and licentiates of the various corporations are very fairly represented by the respective letters which these gentlemen are authorized to place after their names; and the general term of doctor is one which public usage will long continue to bestow upon every member of the medical profession. The Council of the Edinburgh College hint at this very intelligibly in their explanatory minute. The Council will be borne out by the great body of the profession in their recent measure, so far as it tends to bring in unison with them a larger number of their *confrères*. The tendency of the day is towards a general union, and the creation of one faculty. Those who aim at eternally perpetuating differences and distinctions of an arbitrary nature, do not comprehend their own interests or those of the profession.

HUMANITY CHASTISED.

WE have more than once had occasion to point out the striking disparity between the slight amount of indulgence which some "guardians" of the poor are disposed to show to the ailments of those entrusted to their care, and the judicious attention which is paid to the sufferings of the criminal class

when lodged in gaol. It is certain that if such indifference were shown to the wishes and medical orders of the gaol surgeon as is habitually manifested to the humane recommendations of the parish medical officer, public indignation would be quickly and effectually aroused. A very strong case is now before us. The circumstances are attested by Mr. T. H. Pullin, the medical officer of the Otterton district in the St. Thomas's Union, Exeter, and authenticated by the *Sidmouth Journal* of the 1st of August. After eight years' faithful and diligent service, in the course of which Mr. Pullin has paid as many as a thousand visits to the poor in one year, at considerable distances, for a stipend of £23 per annum, he finds himself summarily superseded by the Poor-law Union Board of St. Thomas, although during the whole time, according to the testimony of fifty of the most respectable inhabitants of the place, not a single case of neglect or dissatisfaction at his treatment has been brought against him, and although all unite in bearing testimony to his professional skill and uniform kindness to the poor, which they acknowledge with gratitude. But here lies the gravamen of the charge against him: he has been too kind and considerate, and too little thoughtful for the pockets of some of the parishioners. The cases on which that complaint is founded are of the most monstrous character, and the charge is one which must be considered disgraceful to the character of those who support it. He had ordered meat and wine in a case of typhus fever. He ordered milk and mutton in a case of muco-enteritis; cod-liver oil and milk for a woman dying of consumption; meat and milk for children suffering from exhausting chronic abscess, and so forth. In all these cases he was so thwarted and opposed by the relieving officer that he was compelled to lay a formal complaint before the vestry of the parish, and was supported in his appeal by the ratepayers. Nine days after this complaint, Mr. Pullin was summarily ejected from office, under circumstances of shameful and indecent precipitancy, in spite of his long and faithful service—in spite of the love and gratitude which the whole neighbourhood evinced towards him—without notice, and without opportunity of hearing charges or defending his conduct, which, indeed, needed no defence. His successor afforded the clue to his dismissal by excusing himself from giving medical orders, on the plea "*that it was that which had got his predecessor turned out.*" A more disgraceful history we think was never recorded. We give it on the authority of Mr. Pullin's printed statement — of the memorial of the churchwardens, overseers, and principal ratepayers—and of the justly indignant declaration of the local press.

DR. McWILLIAM ON THE STATE OF THE THAMES.

IN discussing the causes that have led to the unusual condition of septic change and poisonous exhalation that has rendered the Thames a source of alarm and disgust during the last two summer seasons, there are other circumstances to be considered than those which relate merely to the course and nature of the town drainage into the river. The circumstances which influence the state of the tide have an important bearing upon the condition of the river-water. These have, perhaps, hardly received sufficient attention. They are very ably and clearly set forth in an excellent report by Dr. McWilliam, C.B., F.R.S., the Medical Inspector of Her Majesty's Customs, appended to the General Report of the Commissioners of the Customs. The normal state of the tide at London is five hours flood and seven hours ebb; but this is liable to disturbance. The flood-tide is prolonged by various causes: thus, a continuance of north-west winds sends an additional quantity of water into the Thames, and prolongs the upward flood of the river so as in some cases to render the ebb and flood periods of equal duration; the comparative absence of rain in summer, the increase of loss by evaporation and the demand by water companies, have indirectly the same effect. On the other hand, the prevalence of south-west winds, by depressing the tidal column outside the river, has the effect of lengthening the ebb-flood, sometimes up to eight hours' duration. Indirectly, heavy winter rains have the same effect. Thus, floating bodies in the water of the Thames, and a great portion of the sewage, are held in suspension, and undergo a series of oscillatory movements, following the up-cast and down-cast flow of the river, of which the ultimate tendency is indeed seaward, but very slowly so, since the average rate of travel is not more than five miles in a fortnight. It is thus that a large quantity of London sewage, floating, dissolved, and suspended, is exposed for a very lengthened period to the influence of the summer sun. Nothing can show more clearly the necessity for ceasing to pour these offensive materials into the part of the river which is thus affected by the ebb and flood tides.

Dr. McWilliam is, however, no blind alarmist; and he very justly urges that some consolation may be drawn from the fact that although during the summer of 1858 the stench from the water of the river and the docks was noisome and offensive, yet it was nowhere sustained by evidence that it was in any way productive of disease; and seeing that it was evidently in itself incapable of generating and producing cholera and the like disorders, however capable of increasing their virulence and extent when introduced, it seems to us that an argument may be deduced as to the extreme care which should be taken to prevent the importation of this scourge from suspected localities, such as Hamburg and Altona now are. During the last summer, when the heat was great and the stench intense, diarrhœa and summer cholera were in London perceptibly less fatal than usual.

These are facts, and must be accepted as such. But whatever be the lesson they may teach, they certainly do not lessen the urgency for the immediate employment of whatever means art and science can suggest for the prevention or mitigation of the filthy defilement of the river, which has its own peculiar *désagréments* and dangers.

Mr. Ord, the Demonstrator of Anatomy at St. Thomas's Hospital, is pursuing some inquiries supplementary to the statistics of Dr. McWilliam. He calls attention to the fact, that while diarrhœa has indeed been more prevalent, this year, amongst the men of the water-side and water-guard departments of the Custom House, yet this increase has not been very remarkable, nor can it be attributed to the state of the Thames. The nervous symptoms which Mr. Ord observed last year—headache, pain in the forehead and temples, giddiness, sore-throat, and loss of appetite—are absent this year. These symptoms Mr. Ord attributed, with reason, to the action of sulphuretted hydrogen gas; but it is very certain that the toxic influences of sulphuretted hydrogen can only become serious under circumstances of the most exaggerated character.

DEATH AT THE SEA-SIDE.

LONDON is passing through the various stages which convert its temples of fashion into solitary caves—which leave Hyde-park a desert, Bond-street a hermitage, and Pall-mall a Palmyra of useless palaces. The whole world is on the eve of flight in search of health, repose, fresh air, grouse, and salmon—to the streams of Norway, the passes of Switzerland, the rocks of Wales, the Scotch moors, and the English watering-places. We have a word to whisper in its ear. Beware lest you find death where you seek health. You leave a healthy town for others exposed to diseases—endemic and epidemic. Few European watering-places are so salubrious as those of England; few English watering-places so healthy as London. The health of the United Kingdom is better than that of France, Germany, or Switzerland. English watering-places are not always very high in the sanitary scale. The mortality of many is above 20 in 1000: Bangor stood at 24, Aberystwith at 24, and Whitby at 26, during the last three months; Weymouth at 20, Clifton at 20, Cheltenham at

19, and Scarborough at 23. Ever and anon they are attacked with epidemics—diarrhœa, diphtheria, scarlatina, and the like. This is due to defective sanitary arrangements. Let the ruling authorities of these summer resorts look to it: a black mark in the Registrar's death-book will deter many visitors. Their mortality should not range higher than 17 in 1000.

THE HEALTH OF THE COUNTRY.

DR. FARR'S report on the health of the country during the last quarter is, as usual, pregnant with interest. The figures—mere skeletons of fact—are clothed in a flowing robe of eloquent deduction: they speak to our fears—to our reason—to our aspirations. We quote some of the more striking paragraphs. These reports are, in fact, only the more accessible now that they are no longer distributed gratuitously by favour, but are to be had by everyone for something less than the cost of the paper, on application to Hansard or Eyre and Spottiswoode. Dr. Farr tells us that the mortality of all England, if the same as that of 63 healthy districts, would be at the rate of 17 in 1000, or exactly 84,207. The actual number of deaths shows an excess of 21,571 over this number: these are unnatural deaths, and may be ascribed to the unfavourable sanitary conditions in which a large portion of the population still lives.

"The 105,778 deaths in the quarter, although less than the usual number, imply, according to the most reliable returns of sickness, that about a million and a quarter of people of all ages were, on an average, infirm or constantly sick during the season. The quarter of a million sick would be healed by effective sanitary arrangements. Thus, much labour that is now lost would be productive, and lives of great value would be saved. The whole community would acquire fresh strength and vigour. Money which is expended on real sanitary measures, such as have been carried out in Ely and a few other places, is the most profitable of all national investments; for it is an augmentation of the power and of the productive life of the population.

"The Nene drainage has been carried out, and continued floods have not covered the valley. Wisbeach, once so unhealthy, lost only 141 persons by death out of a population exceeding that of Northampton (36,215). The successful result of the drainage of the districts of the Nene will, it may be hoped, lead the proprietors of the low, ill-drained parts of the basin of the Thames, and of our other rivers, to imitate the spirited conduct of the proprietors of that valley.

"The following districts were exceedingly healthy: Chepstow, Narberth in Pembrokeshire, Cardigan, Builth, Rhayader in Radnorshire, and Anglesey. Islands are always the healthiest parts of the world; and in the last quarter Anglesey was apparently healthier than the Isle of Wight."

GENERAL COUNCIL
OF
MEDICAL EDUCATION AND REGISTRATION.

MINUTES OF MEETING, AUG. 3RD, 1859.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, LONDON.

Sir BENJAMIN C. BRODIE, Bart., President, took the Chair at Two o'clock P.M.

Present—Sir James Clark, Bart.; Dr. Thomas Watson; Mr. Green; Mr. Nussey; Dr. Bond; Dr. Embleton; Dr. Storrar; Dr. Acland; Dr. Alex. Wood; Dr. Andrew Wood; Dr. James Watson; Mr. Syme; Dr. A. Smith; Dr. Williams; Dr. Leet; Dr. Apjohn; Dr. Corrigan; Sir Charles Hastings; Mr. Lawrence; Mr. Teale; Dr. Christison; Dr. Stokes.

Dr. F. HAWKINS, Registrar.

The minutes of the last meeting of the General Council were read and confirmed.

1. The following Report of the Committee, appointed Nov. 26th, to consider the fees for attendances on the General and Branch Councils, was presented. Dr. Stokes, the Chairman of the Committee, stated that Dr. Corrigan dissented from it.

REPORT.

"That the rate of payment for attendance on the General Council be the same for all members of the Council.

"That the fees for attendance on the General Council during the first year from the passing of the Medical Act be five guineas per day to each member attending.

"That members of the General Council residing at more than two hundred miles from London, shall receive five guineas per day for the day of their coming, and for the day of their return.

"That the travelling expenses be on the scale formerly approved of by the General Council, and that a guinea a day be allowed to non-resident members for hotel expenses.

"That the fees for attendance at the meetings of the Executive Committee and Branch Councils be two guineas to each member attending, his travelling expenses being also paid."

Scale of Travelling Expenses.—Scotland, £9 9s.; Ireland, £8 8s.; Newcastle, £6 6s.; Leeds, £4 4s.; Worcester, £4 4s.; Cambridge, £2 2s.; Oxford, £2 2s.

It was moved by Dr. STOKES, seconded by Dr. ACLAND, and agreed to,—"That the Report be adopted."

It was moved by Dr. ANDREW WOOD, seconded by Dr. WATSON, and agreed to,—"That the scale of payment for attendance on General Councils, Branch Councils, and Executive Committees, and travelling expenses agreed to by the General Council, be transmitted without delay by the President to the Lords of the Treasury for their approval, in accordance with Section XII. of the Medical Act."

2. A statement was read from the University of Dublin relative to the Medical Acts Amendment Bill.

It was moved by Dr. ANDREW WOOD, seconded by Mr. SYME, and agreed to,—"That in respect that this Council are not in possession of information sufficient to enable them to come to a satisfactory conclusion regarding the papers submitted to them as to the Medical Acts Amendment Bill, the consideration of the question be postponed till Friday next. To be the first business on that day."

3. A letter was read from the Home-office, enclosing a copy of a letter from a registered practitioner, "complaining of the high price of the Register, and calling attention to the fact, that the Medical Council do not intend to be a prosecuting body."

It was moved by Dr. CHRISTISON, seconded by Dr. ALEX. WOOD, and agreed to,—"That in reference to that part of the letter transmitted by the Home Secretary which complains that this Council 'does not intend to be a prosecuting body' for prevention of illegal practice, the Council appoint Dr. Christison, Dr. Alex. Wood, Dr. Corrigan, and Dr. Storrar a Committee, to prepare an answer."

It was also moved by Dr. AQUILLA SMITH, seconded by Mr. GREEN, and agreed to,—"That a Committee be appointed to report on the cost of the publication of the Register, and the price at which it should be sold; the Committee to consist of Dr. Aquilla Smith, Mr. Green, Mr. Nussey."

4. It was moved by Dr. AQUILLA SMITH, seconded by Dr. WATSON, and agreed to,—"That the General Council shall meet each day at two o'clock P.M., and shall not sit after six P.M."

5. It was moved by Dr. ACLAND, seconded by Dr. WATSON, and agreed to,—"That a programme of the subjects which it is the intention of members of the Medical Council to bring forward be forthwith prepared by the Registrar, be printed, and distributed to the members of the Council to-day, and that such a programme be issued by the Registrar from day to day, as may be required; and that a Committee be appointed, to aid the Registrar, consisting of Dr. Alex. Wood, Dr. Andrew Wood, Dr. Aquilla Smith, Dr. Embleton, Dr. Storrar."

6. It was moved by Dr. CHRISTISON, seconded by Dr. STORRAR, and agreed to,—"That for the purpose of guiding the Council in coming to a determination, in conformity with Section XX. of the Act, respecting the sufficiency or insufficiency of the course of study and examinations of the several bodies whose regulations for their fellowships, licences, and degrees have been communicated to the Council, a Committee be appointed to prepare a Report, laying down a minimum of examinations, and subjects of examinations, without which no qualification will be held, by the Council (Section XX.), such as to secure the possession, by persons obtaining such qualifications, of the requisite knowledge and skill for the efficient practice of their profession; and that it be an instruction to the Committee to report on the expediency, or the reverse, of this

Council recommending what, in their opinion, would constitute a sufficient course of general and professional education."

Amendment moved by Dr. CORRIGAN, and seconded by Dr. JAMES WATSON,—"That a Committee, consisting of be appointed, to examine the Returns of education and examination furnished to the General Medical Council, under Clause XVIII. of the Medical Act, and resolution of General Council of Nov. 27th, 1858, by the several Universities and Colleges, and to report to the General Council such amendments as may seem to them to be required, for the improvement of general and professional education."—The amendment was negatived, and the original motion carried.

7. It was moved by Dr. ANDREW WOOD, seconded by Dr. STOKES, and agreed to,—"That a Committee be appointed to examine the returns by the different bodies included in Schedule A, to report in regard to each of these as to how far the course of study and examination required by each is calculated to secure the possession by persons obtaining their respective qualifications of the requisite knowledge and skill for the efficient practice of their profession; and to report to the Council. As also in regard to the most effective machinery for superintending the examinations, so as to secure that they shall conform to a standard of examinations in general and professional education considered sufficient by the Council."

It was resolved that the Committee on Education, to be appointed in pursuance of the two preceding motions, consist of Sir Benjamin C. Brodie, Bart.; Dr. Acland; Dr. Christison; Dr. Andrew Wood; Mr. Green; Dr. Stokes; Dr. Williams; Mr. Teale; Dr. Storrar; Sir James Clark. Dr. Storrar to be chairman.

8. It was resolved that the Finance Committee should consist of Dr. Andrew Wood, Mr. Green, Dr. James Watson, Mr. Nussey, Dr. Bond, Dr. Embleton, Dr. Storrar.

MINUTES OF MEETING, AUG. 4TH, 1859.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, LONDON.

BENJAMIN C. BRODIE, Bart., President, took the Chair at Two o'clock P.M.

Present—Sir James Clark, Bart.; Dr. Thos. Watson; Mr. Green; Mr. Nussey; Dr. Bond; Dr. Embleton; Dr. Storrar; Dr. Acland; Dr. Alex. Wood; Dr. Andrew Wood; Dr. James Watson; Mr. Syme; Dr. A. Smith; Dr. Williams; Dr. Leet; Dr. Apjohn; Dr. Corrigan; Sir C. Hastings; Mr. Lawrence; Mr. Teale; Dr. Christison; Dr. Stokes.

Dr. F. HAWKINS, Registrar.

The minutes of the last meeting were read and confirmed.

The President informed the Council that he had received a letter from Dr. Lawrie, apologising for his absence on account of severe illness.

1. It was moved by Dr. ALEX. WOOD, and seconded by Mr. GREEN,—"That any medical practitioner who is entitled to be entered on the Register, by virtue of his connexion with any of the bodies comprehended in Schedule A, who holds besides a foreign diploma, granted before Oct. 1st, 1858, shall be entitled to have these foreign diplomas entered on the Register."

Amendment moved by Dr. STORRAR, and seconded by Mr. SYME,—"That degrees which have been conferred without examination at the seat of a University be not registered."—The amendment was negatived.

2. Dr. Alex. Wood and Mr. Green were allowed to withdraw their original motion, and to substitute the following:—"That all cases of gentlemen applying to register foreign diplomas granted before Oct. 1st, 1858, and whose names are entitled to appear on the Register, by virtue of qualifications obtained by examination, be referred to a Committee to examine and to report thereon."

Amendment moved by Dr. CHRISTISON, and seconded by Dr. WILLIAMS,—"That all classes of applicants who possess a foreign degree, not acquired by examination at the University seat, be referred to a Committee for its report and opinion as to the individual claims."—Negatived.

The motion, as altered by consent of the Council (2), was then put, and also negatived.

3. It was moved by Dr. THOS. WATSON, seconded by Dr. ACLAND, and agreed to,—"That it does not appear to the General Council that a foreign degree, conferred without examination at the seat of the University or College granting the degree, furnishes 'sufficient reason for admitting (any person) to be registered.'"

4. Letters were read from the India Office, suggesting that the surgeons and assistant-surgeons of Her Majesty's Indian military forces, now serving in India, should not be required to register their names under the Medical Act, and that the General Council should, by special orders, as provided for under Section XLVI. of the Act, dispense with the provisions of Section XXXVI. in the cases of those medical officers; but that future candidates for admission by competition to the Indian Medical Service should be required to register their names under the Act.

It was moved by Dr. CORRIGAN, and seconded by Dr. STOKES,—"That Lord Stanley's request be acceded to, the exemption, however, not to extend to cases of medical officers returning from India to reside in the United Kingdom."

Amendment moved by Mr. SYME, and seconded by Dr. ANDREW WOOD,—"That the Council, in their present state of information, cannot see any reason for dispensing with the registration of officers in the Indian army."—The amendment was agreed to.

5. Dr. ALEX. WOOD, as Chairman, presented the following Report from the Committee appointed respecting the complaint that the Council "does not intend to be a prosecuting body."

REPORT.

"In regard to the complaint made in the letter to the Right Honourable the Secretary of State relative to the prosecution of irregular practitioners, the Committee is aware that exaggerated ideas have been currently entertained in the medical profession of the powers and duties of the Council in that respect, and think it right to take advantage of the present opportunity to state what the powers and duties of the Council really are:—

"1. The Council is called on to exclude all irregular practitioners from the Register, and it has exercised the greatest possible care in discharging that part of its duty.

"2. The Council is called on to expunge from the Register the name of any unqualified person who may obtain admission by false pretences. This power has been already exercised.

"3. The Council has the power to expunge from the Register the name of any practitioner who may be found guilty, in England or Ireland, of a felony or misdemeanour; or, in Scotland, of a crime or offence. One offence of this nature has occurred, but the name of the convicted person having been expunged from the Register for another cause, the Council need not proceed in the matter.

"4. The Council has the power to expunge from the Register the name of any practitioner whose name may have been struck off from the list of the members of any of the bodies which grant medical qualifications.

"It is no part, however, of the functions of the Council, according to the Act, to institute prosecutions at large for offences against the Act. The Committee has also to add, that the funds at the disposal of the Council are quite inadequate for that purpose.

"The enforcement of the prohibitory clause of the Act (Sect. XL.) is attended with peculiar facilities in Scotland and in Ireland, in each of which divisions of the kingdom there is a public prosecutor, whose duty it is to relieve all other persons of the responsibility of prosecuting for public offences. In England, this duty unfortunately falls in general on private individuals or associations, and in this respect offences against the Medical Act are not differently circumstanced from offences at large. The Council will supply any information in its power to those who may become concerned in such prosecutions."

The Report was adopted.

6. Memorials having been read from the Lying-in Hospital in Dublin, and the Coombe Lying-in Hospital, requesting that their certificates should be received as qualifications for registration, it was moved by Dr. STORRAR, seconded by Mr. LAWRENCE, and agreed to,—"That in reference to the memorials of the governors of the Lying-in Hospital in Dublin, and of the Coombe Lying-in Hospital in Dublin, it is not in the power of the Council to comply with them."

7. A letter having been read from the Registrar of the King and Queen's College of Physicians in Ireland respecting the intended recognition, by the Director-General of the Army Medical Department, of the certificate of the Apothecaries' Hall of Ireland as a licence to practise medicine, the consideration of this subject was postponed, all the documents relative to it not having been received.

8. It was moved by Dr. ALEXANDER WOOD, seconded by Dr. JAMES WATSON, and agreed to,—"That a Committee be appointed to consider special claims for registration." The

Committee to consist of Dr. Alexander Wood (Chairman), Sir Charles Hastings, Dr. Bond, Mr. Syme, Dr. Watson (Glasgow), Dr. Embleton, Dr. Aquilla Smith.

Confirmed—B. C. BRODIE.

MINUTES OF MEETING, AUG. 5TH, 1859.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, LONDON.

Sir BENJAMIN C. BRODIE, Bart., President, took the Chair at Two o'clock P.M.

Present—Dr. Thomas Watson; Mr. Green; Mr. Nussey; Dr. Acland; Dr. Bond; Dr. Embleton; Dr. Storrar; Dr. Alex. Wood; Dr. Andrew Wood; Dr. James Watson; Mr. Syme; Dr. A. Smith; Dr. Williams; Dr. Leet; Dr. Apjohn; Dr. Corrigan; Sir James Clark, Bart.; Sir Charles Hasting; Mr. Lawrence; Mr. Teale; Dr. Christison; Dr. Stokes.

Dr. F. HAWKINS, Registrar.

The minutes of the last meeting were read and confirmed.

1. Dr. SMITH presented the following Report from the Committee on the Register:—"The Committee appointed to report on the cost of the publication of the Register, and the price at which it should be sold, have examined the account, which has only just been received from the printer, and find that the amount of it is much lower than the Executive Committee were led to expect, from the estimates which had been laid before them; and that the cost of publication, therefore, will be considerably less than the Committee believed that it would be when the price at which it should be sold was fixed at 7*s.* 6*d.* per copy.

"The Committee recommend that the Register should be sold at 4*s.* per copy; and, as they learn from the Registrar, that about 900 copies have already been sold at 7*s.* 6*d.* per copy, they further recommend that to every person who has paid the sum of 7*s.* 6*d.*, a copy of the next edition of the Register should be furnished *gratis*."

It was moved by Dr. STORRAR, seconded by Dr. ANDREW WOOD, and agreed to,—"That the Report of the Committee on the Register be adopted."

2. It was moved by Dr. APJOHN, and seconded by Dr. STOKES,—"That after having maturely considered the case of the licentiates in surgery of the University of Dublin, the Council are of opinion that the curriculum of study, both general and professional, which they must undergo before obtaining such qualification, is satisfactory. The Council further find that, by what is alleged to be an accidental omission in Schedule (A), of the Act of 1858, such licentiates cannot legally be placed upon the Register. But, under all the circumstances, they leave it to the wisdom of Parliament to decide whether any, and what relief should be provided for them."

Amendment moved by Mr. SYME, and seconded by Mr. LAWRENCE,—"The Council having heard the statements of Dr. Apjohn, Dr. Williams, and Dr. Stokes, on their respective sides of the question relative to the surgical licence of Trinity College, Dublin, and the opposition of the Royal College of Surgeons of Ireland, deem it inexpedient to express any opinion on the subjects in dispute. But the Council cannot refrain from expressing their hope that such differences may be speedily arranged."—Votes taken, and amendment agreed to.

Dr. STOKES was requested to take the chair, which the President had been obliged to vacate.

3. Dr. ALEXANDER WOOD presented the "First Report of the Committee on Special Applications for Registration."

"The Committee, in giving their report, have to state that their labours have been much lightened by the resolution come to by the Council yesterday, to refuse to register all medical degrees obtained without due examination at the seat of the university by which the degrees are granted. In reporting on all the cases which up to this time they have been enabled to take into consideration, the Committee will first bring forward those which are virtually settled by the resolution referred to."

I.—*Degrees conferred without Examination.*—J. Whitehead, Boulogne-sur-Mer; — Warren; W. J. Pasley Kidd, Glasgow; H. C. Taylor, Glasgow; John Cocker, Bank Hey, near Blackpool; John King, Stroud, Gloucestershire; W. M. Warcup, East Dereham, Norfolk; George Fearon, Edgbaston; R. L. Lobo, 35, Sussex-street, W.C.; Charles Cockerton, Islington; W. C. Bonthrone, Crail, Fifeshire; W. A. F. Browne, Dumfries; John Cochrane, Edinburgh; George B. Clark, Cupar Angus; Alexander Currie, Bowmore, Islay; James Edward, Forfar; Thomas Harle, Glasgow; Robert Jefferies, Dalkeith; W. D. McRitchie, Edinburgh; Archibald Mein, Edinburgh; A. M. Adams, Edinburgh; T. M. Alexander, Glasgow; W. A. Roberts, Edinburgh; S. Shortridge, Greenock; J. Watson, Tranent; W. Young, Laurencekirk; A. F. Thomson, Eskdale. With respect to these gentlemen, the Committee have, of course, no alternative but to recommend that their claims be not acceded to.

II.—*Persons applying to be Registered without any Qualification.*—J. C. Chawner, Hanley, Staffordshire; Joseph Webster, Golcar, near Huddersfield; George Dansey, Stoke, Devonport; Francis Bingham, Everton, near Liverpool. The Committee recommend that in all these cases the application be refused.

III.—*Licences conferred in Holland.*—1. P. D. Loeterbagh, Lerwick, Scotland. Qualified by examination before the Dordrecht Committee of Medical Education and Superintendence, as City Apothecary, Country Surgeon, and Naval Surgeon. The Scottish Branch Council have inquired into these qualifications, and approve of them; and the Committee therefore recommend the Council to allow registration.—2. Solomon Kisch, 85, Duke-street, Liverpool, in similar circumstances. Also recommended for registration.

IV.—*Licences other than those under Schedule A conferred after Examination.*—1. J. M. Cookesley, Boulogne-sur-Mer. Licence from University of Paris.—2. Frederick Hesse, 4, Carpenter's-buildings, London, E.C.; examined by a Committee of the British Government in Hanover; a medical officer in the Hanoverian Legion. Both recommended for registration.

V.—*Cases of Persons claiming to have received Diplomas from Universities which have not yet answered the Registrar's Circular.*—1. John Mackenzie, Gourock, M.D. of the Academy of Medicine of St. Petersburg.—2. W. Oliver, Laurencekirk, M.D., of Pennsylvania.—3. Henry Dewar, Aberdeen, M.D. Dartmouth College, Hanover, New Hampshire.—4. Francis Dawson, Rothes, M.D. Univ. New York. It is recommended that these claims be delayed until the returns be received.

VI.—*Case of a Person requesting the Registration of other than the usual titles.*—Dr. Thompson, Yeadon, near Leeds, already registered as M.D. of Giessen, claims to be registered—1st, On a midwifery diploma of Edinburgh. (N.B. This is a mere certificate from Dr. W. Campbell, formerly a lecturer on midwifery in Edinburgh.) 2nd, As a Doctor of Surgery of Giessen. 3rd, As a Doctor of Midwifery of Giessen. The Committee recommend that these claims be disallowed.

The Council approved of the Report, and directed the Registrar to give effect to its recommendations.

4. *Finance Committee.*—Dr. Smith, Dr. Apjohn, and Sir C. Hastings, were placed on the Finance Committee in the room of Dr. Andrew Wood, Mr. Green, and Dr. Storrar.

Confirmed—JOSEPH HENRY GREEN.

MINUTES OF MEETING, AUG. 6TH, 1859.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, LONDON.

Mr. GREEN took the Chair at Two o'clock P.M.

Present—Dr. Thos. Watson, Mr. Nussey, Dr. Acland, Dr. Bond, Dr. Embleton, Dr. Storrar, Dr. Alex. Wood, Dr. Andrew Wood, Dr. James Watson, Mr. Syme, Dr. A. Smith, Dr. Williams, Dr. Leet, Dr. Apjohn, Dr. Corrigan, Mr. Lawrence, Mr. Teale, Dr. Christison, Dr. Stokes.

Dr. F. HAWKINS, Registrar.

The minutes of the last meeting were read and confirmed.

1. Moved by Dr. CORRIGAN, and seconded by Dr. SMITH,—"That any motion or motions lying over from the previous day take precedence of new matter, except by special permission of the Council." Votes taken, and motion carried.

2. Moved by Dr. ALEX. WOOD, seconded by Dr. ACLAND, and agreed to,—"That the attention of the Council having been called to the proceedings in the case of Henry Scott, at the Bow-street Police-court, on the 5th inst., as reported in *The Times* newspaper of this morning, they resolve to appoint a Committee to consider and report on the whole subject, with power to take the opinion of counsel, if it be considered advisable." The Committee to consist of Dr. Alex. Wood (Chairman), Dr. Corrigan, Dr. Apjohn, Dr. Bond, Dr. Embleton, Dr. Smith, Mr. Nussey, and Dr. J. Watson.

3. Moved by Dr. ALEX. WOOD, seconded by Dr. STORRAR, and agreed to,—"That the Committee appointed to consider and report on the case of the prosecution of Henry Scott be instructed to receive the deputation of the London Medical Registration Association, which had requested an audience of the Council."

4. Moved by Dr. STORRAR, seconded by Mr. SYME, and agreed to,—"That a memorial presented by the Obstetrical Society of London be referred to the Educational Committee."

5. Moved by Dr. ACLAND, seconded by Dr. STORRAR,—"That the General Medical Council have observed that Amendments of the Medical Act have been introduced, at the instance of bodies represented in the Medical Council, into Bills brought into Parliament, without previous communication with the General Medical Council; and that the Council consider it desirable that, in future, such amendments should be first communicated to the President of the Council." Votes taken, and motion carried.

6. Dr. ALEXANDER WOOD presented the second Report of the Committee on Special Applications for Registration.

REPORT.

I. *Claims for Registration on Degrees conferred without Examination.*—1. Thomas Royston, M.D., Rostock.—2. Thomas Harle, ditto.—3. J. P. Litchfield, M.D. University of New York.—4. J. W. Davidson, M.D. Homœopathic College, Cleveland, Ohio. The Committee recommend that the foregoing claims be not admitted.

II. *Claims for Registration of Diplomas obtained after Examination.*—1. Simon Weil, Licence from Berne.—2. Alfred F. Stone, M.D. Medical College, New York.—3. Thos. Cutler, M.D. Louvain.—4. J. C. A. Franz, M.D. Leipsic.—5. L. E. Straube, ditto.—6. W. E Swaine, ditto.—7. Matthew Truman, M.D. Naples.—8. A. T. Jackson, M.D. M'Gill College, Montreal.—9. J. D. M'Diarmid, ditto.—10. W. Odell, ditto.—11. W. Darling, M.D. University of New York.—12. C. B. Nankivell, M.D. Pisa. The Committee recommend that the foregoing claims be admitted.

III. *Special Cases.*—1. Joseph Kahn, M.D. Erlangen, after examination. The Committee are not satisfied that Dr. Kahn was "practising as a physician, in the United Kingdom, before the 1st day of October, 1858;" and, therefore, recommend that he be not registered.—2. Samuel Eadon, M.D. Western Homœopathic College, Cleveland, Ohio, examined. The Committee pronounce no opinion on this case, but refer it to the General Council.

The Report was adopted.

Moved by Mr. SYME, and seconded by Dr. ANDREW WOOD,—"That the name of Samuel Eadon be not inserted in the Register." Votes taken and motion carried.

7. Moved by Mr. NUSSEY, seconded by Dr. STORRAR, and agreed to,—"That a Committee be appointed to consider the future accommodation for Meetings of the General Council, and that they be requested to render their opinion on the subject before the termination of the present session of the General Council." The Committee to consist of Mr. Nussey (Chairman), Dr. Bond, Dr. James Watson, Mr. Lawrence, Dr. Acland.

8. The following propositions were read, relative to a proposed co-operation of the Royal Colleges of Physicians and Surgeons of Edinburgh, under Clause XIX. of the Medical Act, for the purpose of granting a double qualification in Medicine and Surgery,—agreed to by both Colleges, and now submitted, in terms of the said Act, to the General Medical Council for their sanction.

"1. By Clause XIX. of the Medical Act, 'any two or more of the Colleges and Bodies mentioned in Schedule A may, with the sanction and under the directions of the General Medical Council, unite or co-operate in conducting the examinations for qualifications to be registered under this Act.' Hence it is quite competent for a College of Physicians and a College of Surgeons to combine, in order, by a joint examination, to give a double qualification, embracing Medicine and Surgery.

"2. Co-operation between a College of Physicians and a College of Surgeons being legal, as stated above, the Colleges of Physicians and Surgeons of Edinburgh propose, with the sanction of the General Medical Council, to make an arrangement for the purpose of granting, by a series of examinations, preliminary and professional, their respective licences in Medicine and Surgery, so as to constitute a double qualification.

"3. It is proposed that the preliminary examination in Literature and Science, and also the examinations on those professional subjects which are common to Medicine and Surgery shall be conducted conjointly by a Board formed of Examiners in equal proportions from the two Colleges.

"4. It is proposed that the examinations in Medicine shall be conducted exclusively by Examiners from the College of Physicians, and the examinations in Surgery exclusively by Examiners from the College of Surgeons.

"5. It is proposed that the decision as to the competency of the candidate in all the branches, except Medicine and Surgery, shall rest with the conjoined Board of Examiners from the two Colleges; but that the decision as to his competency in Medicine and in Surgery shall rest entirely in the one case with the Examiners from the College of Physicians, in the other case with the Examiners from the College of Surgeons.

"6. It is proposed that, having passed through the final examinations, the candidate shall receive two separate diplomas—one from each College—signed by the office-bearers of each respectively, so that he may be enabled to produce them to the Registrar under the Medical Act, and to register two separate qualifications—viz., L.R.C.P. Ed., and L.R.C.S. Ed.

"7. The Colleges wish it to be clearly understood that such co-operation is not to interfere in any degree with the right of each College to grant its diploma separately, as heretofore, to those who may wish a single qualification, or with the right of each College to make similar arrangements with other Licensing Bodies, if deemed expedient, and if sanctioned by the Medical Council.

"8. For the purpose of carrying out the objects stated above, the Colleges have prepared a series of regulations, which they beg now to submit to the Medical Council for their consideration."

Moved by Dr. ALEXANDER WOOD, and seconded by Mr. LAWRENCE,—"That the proposed co-operation between the Colleges of Physicians and Surgeons of Edinburgh be approved of."

Amendment moved by Mr. SYME, and seconded by Dr. STORRAR,—"That the consideration of the proposed union between the Colleges of Physicians and Surgeons of Edinburgh be delayed, until the questions regarding qualifications for medical and surgical practice, which have been submitted to the Council, shall have been decided."

The further consideration of this subject was adjourned.

Confirmed—B. C. BRODIE.

MINUTES OF MEETING, AUG. 8TH, 1859.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, LONDON.

Sir BENJAMIN C. BRODIE, Bart., President, took the Chair at Two o'clock P.M.

Present—The President; Dr. Thomas Watson; Mr. Green; Mr. Nussey; Dr. Acland; Dr. Bond; Dr. Embleton; Dr. Storrar; Dr. Alexander Wood; Dr. Andrew Wood; Dr. James Watson; Mr. Syme; Dr. A. Smith; Dr. Williams; Dr. Leet; Dr. Apjohn; Dr. Corrigan; Sir James Clark, Bart.; Sir Charles Hastings; Mr. Lawrence; Mr. Teale; Dr. Christison; Dr. Stokes.

Dr. F. HAWKINS, Registrar.

The minutes of the last meeting were read and confirmed.

Mr. SYME laid before the Council printed copies of the Statutes for Graduation in the University of Edinburgh, as amended by the University Commissioners.

They were referred to the Education Committee.

1. The adjourned debate on the application from the Colleges of Physicians and Surgeons of Edinburgh was resumed.

Moved by Dr. ALEXANDER WOOD, and seconded by Mr. LAWRENCE,—"That the proposed co-operation between the Colleges of Physicians and Surgeons of Edinburgh be approved of."

Amendment moved by Mr. SYME, and seconded by Dr. STORRAR,—"That the consideration of the proposed union between the Colleges of Physicians and Surgeons of Edinburgh be delayed, until the questions regarding qualifications for medical and surgical practice, which have been submitted to the Council, shall have been decided."

Votes taken: amendment negatived. The motion was then put and carried.

2. The following propositions were read, relative to a proposed co-operation of the Royal College of Physicians of Edinburgh and of the Faculty of Physicians and Surgeons of Glasgow, under Clause XIX. of the Medical Act, for the purpose of granting a double qualification in Medicine and Surgery: agreed to by both bodies, and now submitted, in terms of the said Act, to the General Medical Council for their sanction:—

"1. By Clause XIX. of the Medical Act, 'any two or more of the colleges and bodies mentioned in Schedule A. may, with the sanction and under the directions of the General Medical Council, unite or co-operate in conducting the examinations for qualifications to be registered under this Act.' Hence it is quite competent for a College of Physicians and for the Faculty of Physicians and Surgeons of Glasgow (which has powers conferred upon it by Royal Charter to confer licences in Surgery equivalent to those of a College of Surgeons) to combine, in

order, by a joint examination, to give a double qualification, embracing Medicine and Surgery.

"2. Co-operation between the two bodies being legal, as stated above, they propose, with the sanction of the General Medical Council, to make an arrangement for the purpose of granting, by a series of examinations, preliminary and professional, their respective licences in Medicine and Surgery, so as to constitute a double qualification.

"3. It is proposed that the examination of all applicants to the Faculty for the licences to be granted by the co-operating bodies shall be conducted in Glasgow.

"4. It is proposed that the Examiners shall be appointed in equal proportions by the Royal College of Physicians and the Glasgow Faculty.

"5. It is proposed that in the examinations the Examiners appointed by the Royal College of Physicians shall examine in Medicine, and the Examiners appointed by the Faculty in Surgery; but in the preliminary examinations, and in those departments which are common to Medicine and Surgery, by the conjoined Board.

"6. It is proposed that the decision as to the competency of the candidate in all the branches, except Medicine and Surgery, shall rest with the conjoined Board of Examiners; but that the decision as to his competency in Medicine and Surgery shall rest entirely, in the one case with the Examiners from the College of Physicians, in the other case with the Examiners from the Faculty of Glasgow.

"7. It is proposed that on approval the candidate shall receive a diploma from each of the bodies enabling him to register under two separate qualifications—viz., L.R.C.P. Edin., and L.F.P.S.G.

"8. It is proposed that the co-operation of the Edinburgh College and the Faculty of Glasgow shall neither prejudice nor interfere with any legal rights or privileges of either of the contracting parties, nor with the power of either body to grant its diploma separately, as heretofore, to those who may wish a single qualification, nor with their right respectively to unite or co-operate with any other qualified body under the provisions of the Medical Act, and with the sanction of the General Medical Council.

"9. For the purpose of carrying out the objects stated above, the College of Physicians and the Faculty have prepared a series of Regulations, which they beg now to submit to the Medical Council for their consideration."

Moved by Dr. JAMES WATSON, seconded by Dr. STORRAR, and agreed to,—"That the Council now approve of the proposed union between the Royal College of Physicians of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow."

3. The following letter was read, which had been received from the Poor-law Board:—

"Poor-law Board, Whitehall, S.W., Aug. 5th, 1859.

"SIR,—I am directed by the Poor-law Board to forward to you, for the information of the General Council of Medical Education and Registration of the United Kingdom, copies of Memorials received by the Board from the Senatus Academicus of the University of Edinburgh, the Council of the Royal College of Physicians of Edinburgh, the President and Council of the Royal College of Surgeons of Edinburgh, the Senate of the University of Glasgow, the Faculty of Physicians and Surgeons of Glasgow, the Principal and Professors of Marischal College and University of Aberdeen, the University and King's College of Aberdeen, the Royal College of Surgeons in Ireland, the Medical Protection Association of the County and City of Cork, and the Senate of the University of London.

"The object of these Memorials is to procure an alteration in the provisions of Article 168 of the Consolidated General Order of the Poor-law Commissioners, whereby the qualification of medical Poor-law officers has been settled and fixed.

"According to the terms of that article (a copy of which is enclosed), it will be seen that, although surgical qualifications are admitted, which depend upon diplomas or degrees conferred by competent authorities in all parts of the United Kingdom, medical degrees or licences conferred by the Universities and other public bodies in England, alone, are deemed essential.

"The exclusion of Scotch and Irish degrees was based upon the consideration that the holders of such degrees had no legal authority to practise Medicine in England; and, therefore, however skilled in their profession they might be, the Poor-law Commissioners could not legally admit them to an office which it appeared that they could not discharge without a violation of the law.

"This further principle, also, entered into the consideration of the Commissioners, and has since always been kept in view by the Board, namely, that no person should be admitted as a fully qualified medical officer whose diploma or licence did not afford evidence that he had acquired a competent knowledge of the practice of Medicine or Pharmacy, and also of Surgery.

"The late Statute, 21 and 22 Victoria, cap. 90, sec. 31, enacts, that 'Every person registered under the Act shall be entitled, according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of her Majesty's dominions.'

"Hence, the ground upon which the Poor-law Commissioners mainly acted in reference to the exclusion of Scotch and Irish degrees appears to have been removed. But the important question still remains, as to what is the exact extent and nature of the qualification which is obtained by the degrees or licences conferred by the several bodies who have made their applications to the Board.

"The Board do not possess any authoritative information on the subject which they can act upon; and they therefore request to be informed by the General Medical Council, how far the degrees, diplomas, or licences, of the several bodies by whom memorials have been addressed to the Board, confer respectively the right of practising Medicine or Surgery, or Medicine and Surgery, and are evidence that the persons to whom they are granted have attained a competent knowledge of either, or both, of those branches of the profession.

"I have the honour to be, Sir, your obedient servant,
(Signed) "W. G. LUMLEY, Assist.-Secretary.

"To the Secretary to the General Council of
Medical Registration and Education of the United Kingdom,
32, Soho-square, W."

Extract from the Consolidated General Order referred to:—

"Art. 168. No person shall hold the office of medical officer under this Order, unless he possess one of the four following qualifications; that is to say:

"1. A diploma or degree as surgeon from a Royal College or University in England, Scotland, or Ireland, together with a degree in Medicine from a University in England, legally authorized to grant such degree, or together with a diploma or licence of the Royal College of Physicians of London.

"2. A diploma or degree as surgeon from a Royal College or University in England, Scotland, or Ireland, together with a certificate to practise as an apothecary from the Society of Apothecaries of London.

"3. A diploma or degree as surgeon from a Royal College or University in England, Scotland, or Ireland, such person having been in actual practice as an apothecary on the 1st day of August, 1815.

"4. A warrant or commission as surgeon or assistant-surgeon in her Majesty's navy; or as surgeon or assistant-surgeon, or apothecary, in her Majesty's army; or as surgeon or assistant-surgeon in the service of the Honourable East India Company; dated previous to the 1st day of August, 1826."

Moved by Dr. STORRAR, seconded by Dr. CHRISTISON, and agreed to,—"That the communication from her Majesty's Poor-law Commissioners in England be referred to a Committee, to consider and report upon to the Council; and that a paper from Sir John M'Neill, Poor-law Commissioner for Scotland, laid on the table by Dr. Christison, be referred to the same Committee." The Committee to consist of Dr. Corrigan (chairman), Dr. Apjohn, Dr. James Watson, and Sir Charles Hastings.

4. Moved by Dr. THOS. WATSON, seconded by Mr. NUSSEY, and agreed to,—"That it shall be lawful for the Treasurer of the General Council to contribute, under direction of the Branch Councils, any portion, or the whole, of any money penalty which may accrue to the Council from a successful prosecution under this Act, towards defraying the expenses of such prosecution."

5. Moved by Dr. CORRIGAN, and seconded by Mr. SYME,—"That the General Medical Council is of opinion that any degree or licence, obtained since the passing of the Medical Act, without regular examination by the University or College granting such degree or licence, ought not to be placed upon the Register, excepting *ad eundem* degrees, or degrees or licences in Medicine or Surgery of any University in the United Kingdom, admitted to the Fellowships or Licentiateships of the several Colleges of Physicians and Surgeons."

Amendment moved by Dr. ALEXANDER WOOD, and seconded by Dr. WILLIAMS,—"That the General Medical Council is of opinion that, for the future, no licence or degree should be given by any of the bodies in Schedule A of the Medical Act without examination."

Votes taken, and amendment carried.

Confirmed—B. C. BRODIE.

THE

NEW BYE-LAWS OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

MEMBERS.

I. LICENTIATES of the College who shall have been admitted Licentiates before the 1st day of October, 1859, and Extra-Licentiates of the College who shall be admitted Licentiates of the College under the Bye-Laws enacted February, 16th, 1859, and Graduates in Medicine who shall be admitted Licentiates of the College before the 1st day of March, 1860, under the Bye-Laws enacted February, 16th, 1859, shall, from and after the 1st day of October, 1859, be styled Members of the College, provided always that they have, since their admission as Licentiates, obeyed the Bye-Laws, and do engage henceforth to obey the Bye-Laws of the College.

II. The Members of the College shall be alone eligible to the Fellowship. They shall have the use of the library and museum, subject to the regulations relating thereto, and shall be admitted to all lectures, and shall enjoy such further privileges as may from time to time be defined by the Bye-Laws; but they shall not be entitled to any share in the Government, nor to attend or vote at General Meetings, of the Corporation.

III. Any person not engaged in the practice of Pharmacy, who shall have satisfied the College touching his knowledge of Medical and general Science and Literature, and who shall comply with such regulations as are or shall be required by the Bye-Laws, may be proposed to the College to received a licence to practise Physic, as a Member of the College. The decision of the College shall de determined by ballot.

IV. Every candidate for a Member's licence shall furnish proof that he has attained the age of twenty-five years.

V. Every candidate for a Member's licence shall produce a testimonial from a Fellow or Member of the College, satisfactory to the Censors' Board, to the effect that, as regards moral character and conduct, he is a fit and proper person to be admitted a Member of the College.

VI. Every candidate for a Member's licence (except such as shall be admissible under the provisions of Chap. XIII., Sect. 15) shall produce proof of his having been engaged, during a period of five years, in the study of Medicine, at a medical school or schools, recognised by the College.

VII. Every candidate for a Member's licence, who has not taken a degree in Medicine at a University in the United Kingdom (except such as shall be admissible under the provisions of Chap. XIII., Sect. 15), shall produce evidence, satisfactory to the Censors' Board, of his having studied the following subjects:—Anatomy, with Dissections; Physiology; Chemistry, with Practical Chemistry; Materia Medica and Botany; Theory and Practice of Medicine; Morbid Anatomy; Principles of Surgery; Midwifery, and the Diseases of Women and Children; Forensic Medicine; of his having attended diligently during three years the Medical Practice, and during nine months the Surgical Practice, of an hospital containing at least 100 beds; and of his having served the office of Clinical Clerk during at least six months.

VIII. Every candidate for a Member's licence, who has prosecuted his studies abroad, whether in part or to the full extent required by the preceding regulations (except such as shall be admissible under the provisions of Chap. XIII., Sect. 15), shall, nevertheless, bring proof of his having attended during at least twelve months, the Medical Practice of an hospital in the United Kingdom containing 100 beds.

IX. If the Censors' Board should doubt the sufficiency of the certificates and testimonials produced by any candidate, or his fitness, in any respect, for admission to examination, they may submit the case to a General Meeting of the Fellows.

X. No candidate shall be admitted to examination who uses, for the sake of gain, any remedy which he keeps secret.

XI. No candidate shall be admitted to examination who is engaged in trade, or who practises Pharmacy, or makes any engagement with a chemist, or any other person, for the supply of medicine, from which profit is derived, or who practises Physic or Surgery in partnership, by deed or otherwise, so long as that partnership continues.

XII. Every candidate for a Member's licence (except in cases specially exempted) shall have given proof of his acquirements by written answers to questions placed before him, and shall have been examined *viva voce* at three separate meetings of the Censors' Board, and shall have been approved by the President and Censors, or by the major part of them, at each examination.

XIII. The examination shall be conducted as follows:—The candidate shall be examined in Physiology, in Pathology, and in Therapeutics, in three separate examinations, by written questions, as well as *viva voce*, before three meetings of the Censors' Board. In each of the examinations in writing, as well as at each of the *viva voce* examinations, he shall be required to translate into Latin or English, a passage from a Greek medical work, and into English a passage from a Latin medical work; or he may, in lieu of translating the Greek passage, give proof of a competent knowledge of one or more of the modern European languages. At, or in connexion with, the second examination before the Censors' Board, the candidate's knowledge of Practical Medicine may be tested by requiring him to examine persons labouring under disease, and to describe morbid specimens. At the commencement of the first *viva voce* examination, the candidate shall, if required, declare, in writing, at what university or schools he has studied general Literature and Science, and what honours have been conferred upon him, in regard to his knowledge of Literature, Science, or Medicine; and such declaration shall, if it seem fit, be recorded in the Annals of the College.

XIV. When the candidate for a Member's licence has already obtained the degree of Doctor or Bachelor in Medicine at a university in the United Kingdom, after a course of study and an examination, satisfactory to the Censors' Board, he shall be exempt from all parts of the examinations hereinbefore described, except such as relate to Pathology and Therapeutics.

XV. In case of any candidate who has attained the age of forty years, the rules laid down in Sections 6, 7, and 8, may be dispensed with. He shall, however, produce testimonials of moral character and conduct, and of general and professional acquirements.

The Censors' Board having examined and considered these testimonials, may, if they see fit, submit them to the Fellows at a general meeting, and it shall be determined by the votes of the Fellows present, or of the majority of them, taken by ballot, if required, whether the candidate shall be admitted to such examination as the Censors' Board may deem sufficient.

XVI. Any candidate not approved by the Censors' Board shall not, except by special permission of the College, be re-admitted to examination, until after the lapse of a year.

XVII. Every candidate approved by the Censors' Board shall be proposed, at the next General Meeting of Fellows, as qualified to receive a licence to practise Physic as a Member of the College; and if the majority of the Fellows present shall consent (the votes being taken by ballot), he shall forthwith, on complying with the regulations prescribed by the Bye-Laws, receive a licence to practise Physic as a Member of the College.

RULES OF CONDUCT, AND PENAL BYE-LAWS RELATING TO MEMBERS.

I. Every Member of the College, in prescribing for a patient, shall write on his prescription the date thereof, the name of the patient, and the initial letters of his own name.

II. If two or more physicians, Fellows or Members of the College, be called in consultation, they shall confer together with the utmost forbearance, and no one of them shall prescribe, or even suggest, in the presence of the patient or the patient's attendants, any opinion as to what ought to be done, before the method of treatment has been determined by the consultation of himself and his colleagues; and the physician first called to a patient shall, unless he decline doing so, write the prescription for the medicines agreed upon, and shall sign the initials of the physician or physicians called in consultation, he placing his own initials the last. If any difference of opinion should arise, the greatest moderation and forbearance shall be observed, and the fact of such difference of opinion shall be communicated to the patient or the attendants by the physician who was first in attendance, in order that it may distress the patient and his friends as little as possible.

III. No Member of the College shall accuse a Fellow or another Member of the College of ignorance of his art; or publicly, or before witnesses not lawful judges in the matter, stigmatize him with opprobrious terms; or officiously, or under colour of a benevolent purpose, offer medical aid to, or prescribe for any patient whom he knows to be under the care of another legally qualified medical practitioner.

IV. No Member of the College shall use, for the sake of gain, any remedy which he keeps secret, or follow systematically any line of practice which may bring discredit on the College, or on the science of Medicine.

V. No Member of the College shall be engaged in trade, or shall practise Pharmacy, or make any engagement with a che-

mist, or any other person, for the supply of medicines, from which profit is derived, or practise Physic or Surgery in partnership, by deed or otherwise.

VI. If it shall at any time hereafter appear, or be made known to the President and Censors, that any Member of the College has obtained admission to the College by fraud, false statement, or imposition, or has been guilty of any great crime or public immorality, or has acted in any respect in a dishonourable or unprofessional manner, or has violated any Bye-law, rule, or regulation of the College, the President and Censors may call the Member so offending before the Censors' Board, and having investigated the case, may admonish, or reprimand, or inflict a fine not exceeding £10, or if they deem the case of sufficient importance, may report the case to the College, and thereupon a majority of two-thirds of the Fellows present at a meeting of the Fellows, which must be specially summoned for that purpose, may declare such Member to be no longer a Member of the College, and he shall forfeit all the rights and privileges which he does or may enjoy as a Member, and his name shall be expunged from the list of Members accordingly.

Correspondence.

"Audi alteram partem."

THE EDINBURGH COLLEGE OF PHYSICIANS AND THE ADMISSION OF LICENTIATES.

[LETTER FROM DR. LAYCOCK.]

To the Editor of THE LANCET.

SIR,—In an "Explanatory Minute," published in THE LANCET of the 6th instant, by the half-dozen gentlemen who constitute the Council of the Edinburgh College of Physicians, there occurs the following passage:—

"It has been again and again asserted that the new licentiates are admitted merely on a payment of money. This assertion.....the Council observe to have been lately repeated at the meeting of the British Medical Association, on the faith of a most unjustifiably erroneous statement as to the proportion of applicants found ineligible by the Council of the College."

The statement thus characterized is mine; and I affirm that, as made and applied by me, it is in every respect strictly correct. This I will prove.

First, however, let me observe, that the "Explanatory Minute," thus issued by the Council, is their work alone: it is not a minute of the College; it is unauthorized by the College. The proceedings of the Council, as therein described, have, to a great extent, not yet had the sanction of the College; and I believe I am expressing the feeling of the Fellows generally when I say that it is doubtful whether a dozen of them could be found (in addition to those on the Council) who would express their approval of that "Minute."

Under the regulation by which the new class of honorary licentiates has been created, it is expressly laid down that the Council shall report to the College on the testimonials of "*all* applicants" for the licence. My statement applies exclusively to the applicants so reported by the Council to the College; it could not, in fact, apply to any other, as no other applicants are known to the College; and up to the last week I was not aware, in common with several other Fellows, that the lists of applicants laid before the College were incomplete, and not in accordance with the express terms of the regulation that the names of "*all* applicants" should be reported. Now, of 235 applicants thus brought before the College by the Council, at least 210 were admitted to the licence, and the remainder were only not admitted on the suggestion of the Council. My statement, therefore, applied solely (as the Council must know) to the proceedings of the Council in the College. As such it is quite correct, even by admission of the Council.

But it now appears from their "Minute," that the Council have not only altered the terms of admission to the licence without authority, but have also kept back from the College the names of an unknown number of applicants (supposed to the amount of 20 or 30). That, in short, a private expurgation of the lists takes place, and it is only the "residual names" which are reported to the College. This may be so; but then it is difficult to understand why, under these circumstances, the Council should have reported any of the 235 as ineligible. After such filtration, the *residuum* ought not to have required any further filtration in the College at all. Now, if the statement of the Council be correct, is there any reason why 10,000 names of applicants might not have been sent up with similar results? for it is quite certain that, with few exceptions, the entire body of general practitioners in England and Ireland is just as eligible for the licence as the 200 who have got it. The only difference, I apprehend, would be in the strong objection the 10,000 would have to pay £25 each for the document, and thereby add £100,000 to the treasury of the College, and £150,000 to her Majesty's Exchequer. For, it must be remembered, that the licence is not conferred on even the most eligible (if there be degrees of eligibility) without payment. No money—no licence, is the rule.

But how is the private scrutiny conducted? The Council declare that they are aided in it by "attestations from men of credit and standing in the medical profession;" and an anonymous defender of the Council, in the matter of the admission of the Bath homœopathic practitioner, adduces an illustrative instance, by affirming that that candidate was recommended by the Council to the College on the faith of testimony emanating from "not less than four qualified members of the profession." The anonymous writer to whom I refer has ventured an assertion regarding my statement which sufficiently proves that he is unable to make a distinction between fact and fiction; it is not surprising, therefore, that, in coming to the rescue of the Council, he omitted to add (what he knew perfectly well to be the fact) that *two* of the four gentlemen to whom he refers were themselves well-known homœopathic practitioners. These, then, according to the "Minute," must have been considered by the Council as "men of credit and standing" in the profession. I am not prepared to deny that opinion, but I am sure that the Council, when it received their testimony, was utterly ignorant whether they were men of credit and standing or not. In plain truth, the Council appears to have had just as much knowledge of the applicant as of his friends in that respect.

An "eminent" irregular of the last century got his degree by purchase from a Scottish university; and it is rumoured that the names of two well-known advertising practitioners would have appeared on the lists of candidates, if the Council had done its duty and sent in to the College the names of "*all* applicants." Rumour adds the incredible statement, that one of these sent in a testimonial from an eminent surgeon. Some wicked wag must surely have been playing off a hoax upon the Council. That these two men could obtain testimonials to character is probable enough; nothing, in fact, is easier. A burglar, tried recently at an assize in the north of England, had a pocketful of testimonials to his moral character—but none, I believe, from an eminent surgeon.

It is creditable, nevertheless, to the cathartic energy of the Council that the before-mentioned individuals (if they really applied) were not admitted to the list of applicants; and if I had known these and other acts of like rigour on the part of the Council, I would have made honourable mention of them, and removed all ground of complaint. It would be still more creditable, however, if the Council would not attempt to justify a system which induces such men to knock at the College door with the hope of admission, and which, whatever the Council may "minute," is condemned by the almost unanimous voice of the profession as radically bad.

I am, Sir, yours, &c.,

Rutland-street, Edinburgh, Aug. 1859. T. LAYCOCK, M.D.

ADMISSION OF A HOMŒOPATH TO THE EDINBURGH COLLEGE OF PHYSICIANS.

[LETTER FROM DR. WM. DAVIES.]

To the Editor of THE LANCET.

SIR,—Having had the honour of bringing before the British Medical Association, at Liverpool, the subject of the recent admission of a homœopath as a licentiate of the Edinburgh Royal College of Physicians, I shall feel obliged by your publishing my reply to certain criticisms on that proceeding which have appeared in your journal.

In your report of the recent meeting at Liverpool, you say that "a most profitless discussion was set on foot in reference to the recent issue of licences by the Royal Colleges of Physicians, and particularly the granting of it by the Edinburgh College to a homœopathic practitioner." That the discussion was not altogether profitless is, I think, obvious from the fact that the Edinburgh College have thought fit to publish a lengthy document wh ich they intend to be explanatory of their proceedings; and that a Fellow of the College has declared.

THE LANCET, that "they instantly adopted measures which will give a much greater, and virtually an almost perfect, security against such an occurrence in future." So much for the profitless discussion. And now as to the "Fellow's" letter. I shall notice two points with which I am concerned: 1st, the reading by me of Dr. Christison's letter at Liverpool; and 2nd, the godfathers of the homœopath. Dr. Christison's letter was an answer to one from me, of which I authorized him to make any use he thought fit, and which was sent to one of the Council of the College. I further knew that Dr. Christison and nearly all the other men of note in Edinburgh had opposed the measure which his note condemned as strongly as possible; and I therefore thought, and am still of opinion, that the reading of his note was very desirable, as showing that Dr. Christison, at any rate—whom I, in common, I believe, with all Edinburgh graduates, honour so much,—was no party to the doings of the Edinburgh College. This, however, is a matter between Dr. Christison and myself.

As regards the statements of a "Fellow," that "the recommendation of the homœopath was signed by four qualified members of the profession," I have only to say that I saw the printed paper with the list of candidates and their godfathers, and that to the name of the homœopath there were only two names appended, and both of them were homœopathic practitioners; one is at present residing here, the other was here for many years, but has recently left. Now all these facts might have been learnt with the greatest facility by inquiring of any member of the profession here; and that the Edinburgh College were bound to make such inquiry seems to me to admit of no doubt; and that they now think so themselves, is obvious from the fact that they have made such inquiry subsequently concerning another candidate for their licence.

I am sorry to trouble you at so much length; but it seemed necessary to do so in order to arrive at a clear understanding of the question at issue.

I am, Sir, your obedient servant,

WM. DAVIES, M.D.,
Senior Physician to the Bath United Hospital.

Gay-street, Bath, August, 1859.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, August 4th, 1859.

CLARK, GEORGE, Newcastle-on-Tyne.
EVANS, GEORGE MAULE.
FRESHFIELD, ALLEN, Harwich, Essex.
HODGSON, JAMES BIRKETT, Preston, Lancashire.
JAMES, RICHARD, Diffryn Narberth, Pembrokeshire.
LEAN, HENRY JOHN BROCK, Jersey.
LOMAS, HENRY WM. FREER MARTIN, Shildon, Durham.
MAYOU, GEORGE, Monmouth.
MORDUE, ROBERT DIXON, Newcastle-on-Tyne.
NEWINGTON, ROBERT SAMUEL, Goudhurst, Kent.
PROVIS, WILLIAM ALEXANDER, Holyhead.
TORDOCK, ROBSON, Hawes Bedale, Yorkshire.

The following gentlemen also, on the same day, passed their first examination:—

BELEMONE, ALFRED JOHN.
FARRINGTON, WM. HICKS, Ottery St. Mary, Devon.
FERNIE, HENRY MORTLOCK, Yeldon, Beds.
RYLAND, THOMAS EDMUND, Birmingham.
WARD, HENRY, Diss, Norfolk.
WORKMAN, CHARLES JOHN, Reading.
YOUNG, EDWARD PARKER, Henley-on-Thames, Oxon.

[In our list of gentlemen who passed their examination on the 28th ult., *for*

POWER, DANIEL, Herleby,

read

HERLEBY, DANIEL POWER.]

THE LONDON MEDICAL REGISTRATION ASSOCIATION: INTERVIEW AT THE HOME OFFICE.—A deputation from this Association waited, on Thursday last, by appointment, at the Home Office, and was received by the Hon. Mr. Clive, Under-Secretary of State, in the absence of Sir George Cornewall Lewis, Home Secretary. The conference chiefly referred to the conflicting decisions of Mr. Secker and Mr. Jardine, at different police-courts, relative to the interpretation of a clause in the new Medical Act; and to the right of the Medical Council, by another clause, to recover penalties notwithstanding the provisions of the Police Act. The results, as we learn, were of a very satisfactory character; but the further report of them must be postponed until next week.

APPOINTMENTS.—On the 9th instant, Dr. Stevenson was elected Physician to the East Sussex, Hastings, and St. Leonards Infirmary, *vice* Dr. Duke, the founder of the institution, who resigned after eighteen years' service, and was elected Physician Extraordinary.——On Wednesday, the 3rd instant, Dr. Ramskill was elected Assistant-Physician (not Physician, as previously announced) to the London Hospital.

DRINKING FOUNTAINS FOR KEW GARDENS.—A drinking fountain or two for these splendid and extensive pleasure grounds for the people, are now, from the very great numbers flocking to them, very much required. Till such a needful want is supplied, a delicious glass of pure spring water may be had (gratis) by all visitors, of the official attendant in livery in charge of the lower room of the new Museum, opposite the Palm House in the Botanic Gardens.

TESTIMONIAL.—A silver salver, of the value of £20, has just been presented to Andrew Holman, Esq., L.S.A., of John-street, Minories, by the members of the East London Medical and Scientific Book Society, bearing the following inscription:—"Presented by the Members of the East London Medical and Scientific Book Society to their honorary treasurer and secretary, Andrew Holman, Esq., as a mark of personal esteem, and as an acknowledgment of his valuable services during many years.—June 8th, 1859."

PROMOTIONS IN EGYPT.—Dr. Reyer, who is an Austrian, and was formerly physician to the Viceroy, has been created Bey; and Lantner Bey, also a native of Austria, has been appointed head physician to the Egyptian army.

A JOURNAL ON SYPHILIS.—A new medical journal has just been started in Madrid, the subjects being restricted to diseases of the eyes, affections of the skin, and syphilis. The editor is Dr. Leon Checa.

BALDNESS IN GERMANY.—An inhabitant of Breslau, wishing to impart energy to the unproductive bulbs of his unprotected scalp, gave an advertiser of Dusseldorf £1 12*s.* for a wonder-working ointment; but, finding it useless, brought an action against the quack, who was obliged to give back the money, and pay £2 *5s.* fine, or undergo five days' imprisonment. The valuable compound was alleged to have been made up from a prescription found in an Egyptian mummy, and was proved to be a combination of extract of bark, oil, resin, and tincture of Spanish flies.

VACCINATION BY AN INAPPLICABLE MODE.—Dr. Lutze, of Anhalt Koethen, in Germany, was in the habit of making children swallow vaccine virus, and then delivering vaccination certificates. He has lately been warned by the authorities that, if he persisted, he would be charged with giving false certificates.

EFFECTS OF THE HEAT IN THE SOUTH OF FRANCE.—The *Journal de Médecine de Bourdeaux* of the 14th ultimo, contains the following intelligence:—"The heat for the last few days has been excessive, and several deaths have taken place in consequence. At least ten people were taken to the St. Andrew Hospital in a dying state; and they all sank, notwithstanding the immediate assistance they obtained. No blood flowed on opening a vein in the arm. On several post-mortem examinations, the brain was found intensely congested. The heat has also caused symptoms of less severity, such as gastric disturbance, vomiting, diarrhœa, &c. Many children have suffered, and some have died of "infantile cholera."

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, AUGUST 6TH, 1859.—In the week ending last Saturday the mortality presented a reduction, the numbers being 1337. The deaths caused by diarrhœa fell last week to 312. The corrected average of ten weeks (in 1849–58) corresponding with last week is 170. In five metropolitan divisions, the East districts, though not the most populous, contribute as in former weeks the largest proportion of deaths by diarrhœa. There are also 24 deaths recorded as due to "cholera" and "choleraic diarrhœa," 14 of which were amongst children. Small-pox was fatal in 20 cases, diphtheria also in 20, scarlatina in 63, syphilis in 8.

Last week, the births of 860 boys and 858 girls, in all 1718 children, were registered in London. In the ten corresponding weeks of the years 1849–58, the average number was 1530.

To Correspondents.

WE are much obliged to our correspondent who has sent us the *Brighton Examiner*, containing the report of cases recently adjudicated under the new Medical Act. It has been referred to the London Medical Registration Association, the zeal and energy of which in putting down cases of illegal practice and fraud, with the limited means at its disposal, are beyond all praise. We invite all correspondents to furnish us with information of similar cases, which shall always receive the most earnest attention. The profession are not yet really aware of the power which is conferred on them by the Registration Act. The Editor of this journal was long ago convinced of the force inherent in such a measure; and if the Registration Bill advocated by him many years ago had then been suffered to become law, the profession would not so long have been infested by the assaults and robberies committed on their rights and interests by unqualified practitioners. We earnestly recommend the profession to aid by every means in their power, and especially by funds, the London Medical Registration Association, which appears determined to carry out the provisions of the Act as far as possible.

REGISTRATION VANITY.

To the Editor of THE LANCET.

SIR,—Turning over the leaves of the Medical Register, just published, one feature it exhibits attracted special attention—namely, the great diversity and number of separate qualifications often attached to parties registered. Some had only one title, many two, while three, four, and five were by no means uncommon; nay, even six different medical designations are appended to more than one individual. But, what appears equally strange, this desire to parade qualifications at present prevails most frequently in Ireland, and is oftenest adopted by those seldom heard of beyond their immediate locality, or whose fame is little diffused throughout the profession; whereas some most eminent London physicians and surgeons, occupying the highest position in public repute, are merely designated "Fellow of the College of Physicians," or "Fellow of the College of Surgeons," all other titles being omitted. This is good taste and real professional dignity, which should be universally imitated. Take, for example, Sir Benjamin Brodie, who is simply styled in the Register "Fell. Roy. Coll. Surg. Eng.;" and then contrast this briefly modest announcement with that of a gentleman residing in Dublin, also highly respectable, although without a European reputation like the above distinguished surgeon. Nevertheless, in the qualification column the following particulars stand against his name, which is here omitted for the obvious reason of avoiding personality—viz., 1, Lic.; 2, Lic. Midwif.; 3, Fell. R. Coll. Surg. Irel.; 4, M.D. of a Univ.; 5, Lic.; and 6, Lic. Midwif. K. Q. Coll. Phys. Dub. This shows a great appreciation of the value of multifarious appellations, and is very different from the mode followed by many English metropolitan magnates. The maxim that "major always comprises the minor," here becomes applicable, and should be rigidly acted upon. Consequently, wherever any registered practitioner is fellow of a College, it seems useless to say also he was previously a licentiate, member, or so forth. On analogous reasoning, a Grand Cross of the Bath ought likewise to be announced as K.C.B., or C.B., in the official list of that order. To do so would, however, be as absurd as to state that an attorney-general was a sergeant-at-law; Q.C., barrister, or once was in practice below the bar, seeing he had regularly passed through all these legal grades. Again, bishops, who had formerly been deans, archdeacons, rectors, and curates, or had filled other clerical offices, ought to be specifically described; and the same in the army or navy. The medical profession should henceforth discourage this evident propensity to accumulate unnecessary qualifications, as it assumes an aspect of personal vanity, complicates the Register, and uselessly augments its size, without conferring on the public or parties officially registered sufficiently adequate advantages.

In making these critical remarks, I would, however, in conclusion, observe that I do this only with the view of directing attention to a point which requires correction, believing further that the alteration suggested would be certainly an improvement. I am, Sir, yours, &c.,

August, 1859. A REGISTERED PRACTITIONER.

A Fellow of the Medical Society of London.—At the late special meeting a vote of thanks was passed to Mr. Hancock for his most valuable services as the late Treasurer of the Society, and for the interest which he had always taken in its welfare. The Society is, no doubt, much indebted to Mr. Hancock.

B. C. E.—It would, under any circumstances, be advisable to register.

THE AROMATIC WINE OF THE PARISIAN PHARMACOPŒIA.

To the Editor of THE LANCET.

SIR,—If I remember rightly, a correspondent of yours asked some time ago where the aromatic wine of the Parisian Pharmacopœia could be obtained, or how the same might be made. You answered by giving a detailed account of the composition of the wine, and even suggested that a little tannin dissolved in simple sherry might perhaps answer the purpose. To these facts of undoubted practical utility I am anxious to add some particulars, the general knowledge of which may perhaps serve some useful purpose.

I find this aromatic wine extremely useful in all soft chancres, which require some stimulation, and have seen them cicatrize in from a week to a fortnight by two dressings in the twenty-four hours, and occasional light cauterization with the nitrate of silver. Now and then, when the granulations spring up rapidly, a weak sulphate of copper or zinc lotion leads rapidly to cicatrization.

A cheap and economical way of procuring the wine is the one in use at the German Hospital, Dalston. I beg to subjoin the formula for the benefit of those who would be inclined to employ this aromatic wine. In the country the surgeon will be able to get it prepared by his dispenser, and chemists in town will, no doubt, be happy to supply it when prescribed:—Take of the stem and leaves of marjoram, peppermint, and wild thyme, and of the flowers of camomile and lavender, each half an ounce; cloves, one drachm; red wine, twenty ounces. Digest for four days; strain, express, and keep for use in a well-stoppered bottle. It is an advantage to use the fresh herbs and flowers; but a very efficacious aromatic wine may be made with the dry plants.

The wine ordered by the French Pharmacopœia is the weak red variety. Port wine, diluted with an equal quantity of water, will, in this country, answer equally well. Your obedient servant,

Brook-street, August, 1859. VICTOR DE MÉRIC, M.R.C.S.

A Subscriber, (Cornwall.)—We have received the Report. Much misapprehension exists respecting the Royal College of Physicians of Edinburgh. The late proceedings of that body certainly tend to elevate the position of the "general practitioner." It has been one of the greatest possible misfortunes that the professional man should have been identified with a trading body like the Society of Apothecaries. We give full credit, however, to the Court of Examiners for the efforts they have constantly made to improve the education of the great mass of the profession.

Justitia, (Norwich.)—It would certainly be a breach of professional etiquette.

THE CASE OF SCOTT—THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—The decision of the magistrate in the case of Scott appears to me most extraordinary, and directly contrary to the clearly expressed provisions of the Medical Act. Clause 27 directs that the Registrar of the General Council shall cause to be printed, published, and sold, a correct Register, &c., and a copy of the Register for the time being, purporting to be so printed, &c., shall be evidence in all courts, and before all justices of the peace and others, that the persons therein specified are registered, and the absence of the name of any person from such copy shall be evidence, until the contrary shall be made to appear, that such person is not registered according to the provisions of this Act.

Now, nothing can be plainer than this language, and I cannot conceive upon what grounds Mr. Jardine could arrive at the conclusion he appears to have done—viz., that the original Register must be produced in manuscript. How could this possibly be done in fifty places at once, supposing so many cases in different localities to be *sub judice* at the same moment? As well might the clerk of the Houses of Parliament, having custody of the Acts of Parliament, be summoned to produce in every case tried before a judge or magistrate, whether civil or criminal, the original Act of the Legislature in manuscript applying to such case. The idea of such a requisition carries the stamp of absurdity upon the face of it, but not more so in the latter case than that in which Mr. Jardine seems to have committed an egregious blunder.

The prosecutors had done all that the Act required—viz., proved that Scott was not registered according to law. His registration subsequent to the printing of the Register he could have proved by the production of the necessary certificate, in such cases provided for by Clause 27. Clause 40 does not require the proof of actual practice of medicine, but that of the false pretence of being a physician, &c., registered under the Act, or using any title implying that he is recognised by law as a physician, &c. Now, if the evidence was correctly reported in the newspapers, it was clearly proved that Scott did profess to be a doctor or surgeon; and, secondly, that he was not registered according to law; and after this had been done, the proof of actual practice was superfluous and unnecessary. The defendant was palpably bound by law to answer the challenge by the production of his certificate of registration or his diploma; failing this, he ought to have been adjudged liable to the penalty. At all events that is the view taken of the law by, Yours, &c.,

August, 1859. IGNOTUS.

L., Apothecary.—The stamp duty will be repealed, we believe, before the prorogation of Parliament. The admission fee will then be £10.

Anti-Calcifico.—Next week.

Anthropotomos will find an account of the Marshall Hall Method of treating asphyxiated persons in THE LANCET of April 18th, 1857, page 413.

DIPHTHERIA AT CALAIS.

To the Editor of THE LANCET.

SIR,—Cases of diphtheria are by no means unfrequent, nor are they less fatal here than in other places. Parents having children at the schools and invalid travellers ought to be aware of the fact; also that no British practitioner is allowed by the French authorities. Yours, &c.,

Calais, August, 1859. A PARENT.

Mr. E. Chatel's communication, with numerous others of importance, are unavoidably omitted this week.

A Constant Reader.—We never prescribe in this place. Apply to a qualified surgeon.

A. B. C.—The Report was furnished officially.

DR. MARSHALL HALL.

To the Editor of THE LANCET.

SIR,—In the report of the annual meeting of the British Medical Association at Liverpool, there is what I consider a very unfair remark, reflecting upon the justly celebrated Dr. Marshall Hall. If Mr. Waters had taken the trouble to read the Doctor's Croonian Lectures, he would there have found due merit given to Prochaska and all previous physiologists, and nothing more claimed than what every impartial judge must concede to the great genius of Marshall Hall. It is an undoubted fact that he was the first to show clearly by experiment the reflex action of the nervous system, and to divide it into spinal, cerebral, and cerebro-spinal, and to show its power over ingestion and egestion, and its pathological signification in various diseases, before then utterly unexplained. I am, Sir, yours very truly,

Guildford-street, Russell-square, Aug. 1859. J. COLLINS, L.S.A.

Amicus Enquirer.—1. If he assumes any title implying that he is registered under the Act, he is clearly liable to prosecution.—2. They would each be fully qualified.

Medicus must append his name to his communication.

THE paper of *Mr. E. Thompson* has been mislaid. The subject shall receive attention.

FOREIGN DEGREES AND ENGLISH QUALIFICATIONS.

To the Editor of THE LANCET.

SIR,—You omitted the facts stated in my letter last week, which bear prominently on my case, and likely, through a friend, to be laid before the General Council—viz., "that I had studied Physic for two sessions at the University of Edinburgh, and the Collateral Sciences subsequently at University College, London." The fact of degrees being conferred by the Universities of St. Andrews and Aberdeen on the College diplomas only, renders this fact of consequence in relation to the Erlangen degree.

I am, Sir, obediently yours,

Andover, August, 1859. H. R. C. HILLIER, M.D.

Medicus.—There is no Act of Parliament compelling or authorizing employers of any description to set aside a portion of the wages of their workmen, in order to provide them with medical attendance. But if not compulsory at law, it would often be highly desirable if such a compact between the masters and the men could be made. A small sacrifice from the weekly wages might in many cases be found adequate to remunerate a medical practitioner for his attendance, and would prove highly advantageous to the recipients of medical advice.

Dr. J. P. Macdonald.—The paper shall be published.

ANOTHER MISTAKE IN THE MEDICAL REGISTER.

To the Editor of THE LANCET.

SIR,—On referring to the new Medical Register, I found that my qualifications were not those sent up by the Secretary of our local Association. I have received the accompanying very polite letter, which, for reasons you can easily appreciate, I beg of you to print.—Yours obediently,

Colchester, August, 1859. P. M. DUNCAN, M.B. Lond., &c.

"Medical Registration Office, 32, Soho-square, London, W., July 30, 1859.

"SIR,—In reply to your letter of this day, I very much regret the error on the part of the printer, in omitting your M.B. Lond. qualification, and substituting the Lic. Soc. Apoth. Lond., which you do not possess. This has occurred by means of the '*qualification type' having been shifted*, thereby assigning to you a wrong qualification. Until this can be remedied in the Register to appear early in January next, I beg to enclose you a certificate, and trust that the production of the same, together with this letter, will prevent your being inconvenienced until so unfortunate a mistake can be rectified.

"I have the honour to be, Sir, your most obedient servant,

"Peter M. Duncan, Esq., M.B., Colchester." "JOHN CROSSE ROOTS, "Clerk of the Medical Council.

ONE of our correspondents signs himself thus—"A Member of the Profession, who feels perfectly disgusted at the petty slights and dirt that a few insignificant new Scotch-fledged M.D.s are trying to throw in the face of their hard-working, fee-taking brethren, who cannot afford to be running about the country after pieces of parchment." As the signature contains the substance of his letter, we hope our correspondent will pardon us for not inserting the rest of his epistle, and for not reprinting the signature in our list of communications acknowledged.

THE EDINBURGH LICENTIATES AND THE TITLE OF "DOCTOR."

To the Editor of THE LANCET.

SIR,—I am glad to find that Dr. Haldane, in his recent explanatory minute, acknowledges that the licentiates of the Edinburgh College of Physicians have no *legal right* to the title of Doctor. How, then, can these new-fledged physicians claim the title? I am told, by custom or courtesy, and because the non-graduated members of the London College hitherto have had the title accorded to them. But, I ask, are the cases parallel? Even Dr. Haldane seems scarcely to wish them to be considered so. The non-graduated member of the London College was the exception, not the rule; he had to undergo an examination, and then agree to a particular rule of practice, and by courtesy was styled Doctor. But look at the Edinburgh licentiates. They are in many cases men with but one qualification (the surgical); men who could not or would not obtain the Apothecaries' license, and yet are anxious to have a *medical* qualification, in order that they may hold Poor-law or other appointments, and pass muster on a sort of equality with the regular fully-qualified medical practitioner. They are allowed to keep a surgery and dispense their own medicines, but not to "derive a profit from the sale of drugs or medicines." But, my brethren, if the title is left to us, let us first show courtesy to our respectable general practitioners (the M.R.C.S.s and L.S.A.s), and not allow these upstart, would-be doctors to have even the semblance of superiority over them.

According to the concluding portion of Dr. Haldane's minute, the Edinburgh College seems at last to have opened its eyes to these one-qualified men; but I fear it is a case of shutting the stable-door when the horse is stolen. I should like to know why the names of those admitted are published one or two at a time. Are the licentiates ashamed of their qualification, or the College of its licentiates? Many of these men have paid £25 for the title of Doctor. My hope and trust is they will find themselves sold.—I am, Sir, yours, &c.,

August, 1859. M. B.

To the Editor of THE LANCET.

SIR,—So much confusion and misstatement appear to prevail with reference to the licence of the College of Physicians of Edinburgh, and the degree of M.D. of the University of that city, that I trust you will insert this brief note.

Many gentlemen of my acquaintance confound the one with the other; others, and amongst them a writer in THE LANCET of August 6th, seem to regard with more respect the licence, granted to anybody who possesses any kind of British qualification, than the University degree.

Permit me to state, in the first place, that the two are as distinct as the London College of Physicians and the University of London. In the second place, let me inform your readers that a M.D. degree of the Edinburgh University is granted after a preliminary and strict examination in classical Latin; four years academical and hospital studies; and two examinations, separated by a varying interval, the written part of each of which lasts two days, and the *viva voce* in the one case an hour and a quarter, in the other an hour and a half. I am, Sir, your obedient servant,

August, 1859. M.D. Edin.

To the Editor of THE LANCET.

SIR,—In your journal of July 30th, "M.D. St. Andrews" says that "the Honorary Secretary of the Edinburgh College states, in pretty plain terms, that the College does not pretend to confer the title of Doctor, and that those of *(their (sic)* licentiates who assume it do so on their own responsibility." The Honorary Secretary, in a letter I had the honour to receive from him on the subject, says, regarding the title, that "licentiates of Colleges of Physicians are generally designated as Doctors by the courtesy of the profession and the public, and on this ground may be said to be entitled to it." The Registrar, as shown by letters of his inserted in THE LANCET, takes a precisely similar view.

As "M.D." does not wish to be guided by professional courtesy, may I ask if he is aware of the number of his *confrères*, who not only practised in England as physicians before the passing of the Medical Act, but even as surgeons, possessing no surgical diploma whatever, and all this by the toleration and courtesy of the profession? This individual "M.D." is, I have no doubt, immaculate; but I would beg to reiterate the old proverb "that those who live in glass-houses should not throw stones."

As there is such a disturbance about the title of Doctor, would it not be good policy to put on one's door-plate—if it be necessary to sport one—"Smith, Physician," or "Jones, Physician and Surgeon"? No one can question the legal right to the adoption of such a course; and as regards courtesy, the M.D.s are driving us to it, so they cannot complain. I think this style of door-plate will look quite as well as one announcing "Dr. Smith" or "Dr. Jones;" and I have no doubt the public will think so too, as when they are going for what they call a second opinion, they always say they are going to consult the physician—physician being, according to common apprehension, a specific, and doctor merely a generic term.

As regards the comparative respectability of the L.R.C.P.s and Scotch M.D.s, and the guarantee of skill and knowledge afforded to the profession and the public by either, I think the said public and the unprejudiced of the profession will ultimately draw conclusions in favour of the former. If the Council of the College has only admitted gentlemen of established character and conduct, and already acquired professional position, backed by legal qualification, as will be found to be the case, there can be no question that her Majesty's liege will prefer entrusting their lives to such men, than to those amongst whom a few, alas! may perchance have acquired their only knowledge of their profession by a three years' course of half-and-half, followed by a few months' cramming at a professional tutor's. Your obedient servant,

August, 1859. CORNUBIENSIS.

A Registered M.D.—The Medical Council, having arrived at the same opinion entertained by our correspondent and all the rest of the profession, have reduced the price of the Medical Register to 4*s.*, and have offered to furnish copies of the next Register without charge to those who have purchased the existing one.

Scotus should have sent his name and address.

A HINT TO THE APOTHECARIES' COMPANY.

To the Editor of THE LANCET.

SIR,—As the Council of the College of Physicians of Edinburgh has come to the resolution not to confer the licence on a member of the Royal College of Surgeons of England without an examination in Medicine only, would it not be justice on the part of the Apothecaries' Company to admit all members of the Royal College of Surgeons of seven years' standing, licentiates, by undergoing an examination in Medicine only during a year of grace?

Yours faithfully,

August, 1859. AN OLD SUBSCRIBER.

Mr. C. F. Maunder.—The "Notes of the Practice of Surgery in Paris" shall appear in the next LANCET.

Perplexitas.—The course pursued by the Medical Council respecting foreign degrees will, we believe, meet with general approbation.

Dr. Grasly Hewitt is thanked for his communication. He will perceive that the subject has received attention at our hands.

A DASH FOR POPULARITY.

To the Editor of THE LANCET.

SIR,—The small amount of respect held by the public at large for the medical profession as a body is the constant source of surprise to the whole of its members. Were they, however, to consider that every great flock has its sprinkling of "black sheep,"—that for injudicious acts in one the whole profession suffer,—and then to watch the doings of a few of its individual members, who have emerged from obscurity, not only would this surprise cease, but they would actually wonder at their retaining any respect at all. We may have all sorts of Medical Reform Bills and Medical Registration Associations; but we shall never enhance our position with the public until some means are obtained of removing from our ranks those who, by unprofessional conduct, bring the whole body of its members into disrepute.

On a late occasion a most ridiculous and contemptible scene was enacted, for the purpose of ingratiating himself into the good wishes of the working classes of this district, by a surgeon, who has just commenced practice at East Rainton, decorating himself out in *very pretty* blue ribbons, and marching through several villages at the head of a club, composed of coal-heavers, the members of which pay to him the "valuable consideration" of threepence per month (!) for his medical services.

Surely the name of the person who would so unhesitatingly and so unblushingly degrade his profession, for the mere purpose of gaining a little popularity in his neighbourhood, ought to be given to the profession at large; yet, Sir, I forward it to you only, and in confidence, hoping that this notice will cause him to reflect upon the injury such conduct is calculated to inflict upon his brother practitioners, and then at once to discontinue it.

I am, Sir, your obedient servant,

August, 1859. M.R.C.S. and L.S.A.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Tilt; Mr. Edwin Chabot; Mr. Bowen May; Mr. E. Baines; Dr. E. Waller; Dr. Grally Hewitt; Mr. R. Organ; Mr. L. Biden; Dr. Duncan, Colchester; Mr. J. H. Jeans, Southampton; Mr. C. J. Herbert, Coventry, (with enclosure;) Mr. J. Grant, Bath; Mr. D. Mackinder, Gainsborough, (with enclosure;) Dr. Barr, Northampton, (with enclosure;) Mr. A. Starke, Reading, (with enclosure;) Mr. E. T. Evans, Liverpool, (with enclosure;) Mr. J. T. Wynter, Winslow, (with enclosure;) Mr. W. E. Johnson, Dudley; Mr. H. James, Leominster, (with enclosure;) Dr. Fuller, Shoreham, (with enclosure;) Mr. J. Jones, Llanfyllin; Mr. B. Wood, New Romney, (with enclosure;) Mr. R. Appleton, Budleigh, (with enclosure;) Dr. Ozanne, St. Helens; Mr. J. B. Yeo; Mr. Hutton, Bath; Mr. Gallie, Aberdeen; Dr. Croft, Chorley; Mr. J. E. Morgan, Ramsay; Dr. Hornblow; Mr. James Holt, (with enclosure;) Mr. J. Lang, Accrington; Mr. W. Patrick, R.N., H.M.S. *Niger*, Australia; Mr. L. Kerans, Beaumaris; Dr. Hewson, Cheltenham, (with enclosure;) Mr. J. S. Smith, Launceston; Mr. Rice, Newcastle; Mr. J. W. Walker, Spilsby; One who has many Friends in the Service; A Registered M.D.; Perplexitas; An Old Subscriber; A London Surgeon and Apothecary; Anthropotamos; Justitia, Norwich; Medicus, Aberdare; Surgeon R.N.; &c. &c.

THE *Brighton Examiner*, the *Royal Cornwall Gazette*, the *York Herald*, the *Wellington Independent* (New Zealand), and the *Jamaica Tribune*, have been received.